Workers' Comp

Purveyors of Hope: Case Management Award Winners Help Injured Employees Defy Odds

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23 MIN READ

Tom Kerr (TK): A few weeks ago, we introduced you to two of Enlyte's Heart of Case Management Award winners, Sharon Murphy-Potts and Angela Higdon, whose outstanding work as Genex case managers helped their injured employees return to work despite overcoming serious injuries.

In our second installment of our Heart of Case Management series, we welcome disability case management award winner Kate Gilligan and telephonic case management winner Janet Knorp, whose diligent management changed the lives of injured employees for the better. Ladies, thanks for being here.

All right. Let's start with you, Janet. Why did you choose to become a case manager?

Janet Knorp: I started in a nurse role at a correctional facility. And then I identified the need for an opiate recovery program. And, in identifying that need, I created a program for inmates to receive medicated-assisted treatment prior to them leaving.

So, I met with several facilities in our community that would help assist the inmates once they were released. And, in doing so, I figured out pretty quickly that what I was doing was case management — getting them the treatment that they needed once they were released from the facility.

Some of our inmates were released daily to work in our community. And having them work in the community brought in injuries. And so, I was already familiar with workers' comp injuries in helping our inmates in Tennessee.

I really felt like I wanted more contact with injured employees. And so, an opportunity arose for me to move into case management at Genex.

TK: That's really a unique path you followed toward case management, Janet. It's really interesting how your career progressed. Thanks for sharing.

Kate, how about you? Why did you choose to become a case manager?

Kate Gilligan: Basically, I worked as a bedside nurse in a pretty big facility and kind of was burned out doing the bedside nursing aspect for so many years.

I had seen a few coworkers go into case management and it just kind of sparked my interest in learning more about it. I actually had a friend of a friend's husband speak with my husband and informed me about an opening with Genex and that's how I applied and got into this role.

TK: So, you said you were feeling kind of burned out by clinical nursing, can you explain why?

Gilligan: Right. So, I think a lot of the burnout aspect was seeing a lot of patients re-entering the facility due to the same reasons, not being able to get the care that they needed once they were released from the hospital.

So, I think from a case management aspect, being able to work with these employees longer term and help educate them on what they need to do to improve their health overall and being able to be involved in helping them go down those routes.

I think is really what has made me enjoy working in this position rather than the bedside nursing aspect.

TK: Thanks, Kate, so let's get into your Heart of Case Management Award Winning case. Can you tell us about it?

Gilligan: So, I'm actually assigned to an on-site plant; so, I work very closely with all the employees that are employed here. So, any employee that undergoes any kind of injury or illness comes to me for review and assistance to manage their short-term disability or workers' compensation case.

So, this injury actually got assigned to me right as it happened.

I was notified right away that there had been an incident at the employee's home. His house caught on fire and he had sustained pretty significant injuries to where he really needed to be life-flighted to a bigger hospital for the burns and an inhalation injury that he sustained.

However, due to weather in our area that day it wasn't an option. So, the life flight team actually rode with the EMTs to the large facility to where he was treated and underwent immediate care. And, I got in contact with his family right away and was able to get his benefits started so that they didn't have to worry about where his paycheck may come from. He is the main financial winner of their household. So, his wife did not work and was a stay-at-home mother.

So, getting their benefits started as quickly as possible was the biggest piece and then I worked with them to get updates on his case as it progressed to make sure that he was getting the treatment that he needed.

One important piece I feel with this injury is that the health care facility where he was taken was where I previously worked on the burn unit as a nurse. So, I kind of had an idea what he was going to undergo and help educate his family so they knew what to expect and try to educate them as best as possible on challenges they might face down the road with him.

TK: And I think something that's really unique about your case, as a disability case manager as opposed to a workers' comp case manager, the employee injury didn't happen in the workplace, but it was still covered under disability.

Can you explain how that works? How your role as a case manager might be different from Janet's in terms of helping this injured employee return to work from a non-workplace injury?

Gilligan: Yeah, so for the business that I work for, we manage both short-term disability and workers' comp under their short-term disability plan. So, whether it's a work-related injury or an injury that occurs offsite at their home, we still manage it under their short-term disability plan.

With this specific plan, they have an 18-month short-term disability period. So, I am with them from the start of their illness or injury and I manage them until they're able to return to work.

TK: Got it. Thank you. Let's talk about the severity of the injury. Now, burn injuries to me seem to be the most painful injuries you can sustain. Can you talk about where this person was burned and the extent of his injuries to kind of give us a feel for how critical this situation was?

Gilligan: Yeah, so he had third-degree burns over at least 40 percent of his body — mainly his upper body and face. He did have a pretty severe inhalation injury as well to where he required a tracheostomy.

We honestly did not think that he was going to make it past those first few days. And then he did develop infections, which is not uncommon with these types of injuries, but again, he is a fighter.

And he has been an employee for over 20 years at this workplace, and never had a disability period before this in which he missed much work. For at least the first few weeks, he was in a drug-induced coma just to kind of let him rest and recover.

TK: OK, and what was your role in terms of working with the family? Like, one of the main things you said was you wanted to make sure his wife knew that her bills would get paid and her husband was going to be taken care of. So, were you pretty much her main source of information and did you also have to kind of take on a counselor type role?

Gilligan: Yeah, they do have one grown daughter and that's who I initially connected with and tried to help her through what would be needed just because the wife was so distraught over everything. So, kind of just educated her from the beginning. And then once he became more stabilized, I was able to work with the wife and do some education with her. You know, they had lost their home. So, I made sure she had somewhere she was able to reside.

TK: Wow. So, on top of this catastrophic injury, the fire destroyed their home. So, they were pretty much homeless after this as well, right?

Gilligan: Correct.

TK: Wow. That is something. So, while the employee was in this drug-induced coma, did they need to perform any operations, skin grafts or anything like that? Or was it more just managing his current state … infections, those type of things?

Gilligan: No, he had multiple surgeries for skin grafting and things like that. And then even months afterwards, he underwent laser treatments to try to help with skin regrowth prior to being able to bring him back to work.

TK: So, how long was he an inpatient?

Gilligan: Almost six months.

TK: And during that time, when he was brought out of the coma, was he out of the woods, so to speak, or was he still fighting for his life?

Gilligan: He was not as critical, but there was still concern due to risk of infections, where at any minute, something could change depending on if he developed an infection or illness while in the hospital.

So, once he was more stable and they could start working with him and getting him up and he could tolerate it due to the pain, they did start, while he was inpatient and then, ultimately, they had a rehabilitation hospital as well that he was then moved to and did more intense rehabilitation until he was able to transition to outpatient.

TK: On the inpatient side, were there any challenges that he experienced in advancing to the next level of recovery?

Gilligan: No, this case is just still astonishing to me because he did progress so well, and I think it's just the fight that he has. He's very stubborn, [laughs] and he was the first one to admit that to me. But if he has his sights set on something, he was going to do it. And he did. He surprised so many of us here.

He went to an inpatient rehabilitation facility for about a month prior to being able to go home and progress to an outpatient. His goal was to be discharged, be able to start the rebuilding of his home, and get back to work. From the first time I started talking to him, his main goal was getting back to work.

TK: And what did he need to do at that point, physically, to progress from where he was?

Gilligan: So, physically he did great through the outpatient treatment. I think in his case, the biggest concern or barrier for us to get him back to work was the skin condition and the openings. Because we do work in a manufacturing environment, we needed to have all of his skin at a place where he wasn't going to have open wounds and be at a risk for infection. So, I think that that was our biggest goal —trying to get him to where his skin was durable to where anytime he bumped himself, he wasn't going to have an open wound.

So, after multiple months of inpatient and then outpatient rehab, we were able to get the laser treatment to start that process of healing his skin to where it wasn't so vulnerable to open back up.

TK: And, when you're looking at this individual, you had said that you were astonished about the progress he made. But when he was in that situation, as a case manager, and he said his goal was to get back to work, what was your reaction?

Gilligan: I was shocked [laughs].

After everything he had been through, for him to say return to work with his No. 1 goal ... I knew we had a lot of work ahead of us, but it was good to hear that.

You know? That's what he was working toward and he had his mind set that that's what he was going to do. And I think it really helped him in his success.

TK: OK, tell me about that process. Because his home is gone. So, I wasn't sure, where was he going after that? Tell me about some of the difficulties you faced in that discharge process from typical processes you have with injured employees who have a home to return to.

Gilligan: Right. So, his wife had stayed with, in the beginning, family members but didn't want to put the burden on them. So, she did end up staying at a local hotel that was cheaper than probably renting something month to month.

Once he was released, they stayed in the hotel for a short period longer, and then they ended up actually buying an RV, and had the RV set up with water and heat and lived in the RV while they rebuilt their home. And their new home actually was finished right as he was returning to work. The finishing touches were going on the house and he was actually able to move into their new home.

TK: Did he need any alterations or adaptations done to the RV to make it more accessible at that point? Or was he pretty much able to get around OK?

Gilligan: Yeah, I think with the significant amount of his injuries being to the upper body, he didn't have any troubles with ambulation. Our main concern was just him just bumping into things and portions of his skin opening up at that point.

But even the occupational therapists working with him afterwards in the outpatient setting were amazed at how physically able he was still to do tasks.

TK: Great. Let's talk about his outpatient rehab. At that point, what did he need to do to progress to the next level in the return-to-work process?

Gilligan: So, at that point, it was more of a waiting game to get the laser surgery scheduled. The physician wanted him to have at least three of those before we even looked at return to work, and they had to be at least six weeks apart.

Getting the insurance approval was probably the toughest part in getting those moving quickly. So, I did work with our benefits team on making sure that we had everything we needed to try to get those pushed through as quickly as possible.

But, there were still some obstacles just in the insurance part and getting those scheduled, for him to be able to return.

TK: And during this time, what was the communication process like with the employer about the employee’s case?

Gilligan: Like I said, I sit on site, so I have weekly meetings with any employee that I have out on disability leave to provide the employer with the overall goals as well as what I think will happen with return to work.

So they were, from day one, informed that this was going to be probably a case where we were looking at close to an 18-month disability period, if he was able to return at all, and not have to go long term.

So, when I was able to let them know that he was coming back, it was joyous. Everyone was very happy. We live in a small community. So, even though I couldn't share a lot of what happened with the facility, a lot of them

already knew. Some of our employees are involved as EMTs on the side, so there were a lot of people who were aware of his situation. It was a really good feeling being able to tell them that he was able to come back.

TK: And, how long was he in outpatient rehab?

Gilligan: He was really doing well. I think it was just more of getting the movement back in his hands from the skin grafts. So, two to four months, if I could recall.

TK: And what type of skills did he need to perform his job?

Gilligan: So, he has to be able to lift up to 50 pounds. He's using his hands to put product onto machines and troubleshoot. So, it really is a physical job, and the materials that we use, I think, was the biggest concern. Just making sure he was wearing the protective layers of clothing that he needed to wear and any kind of barriers that he needed while at work, just to make sure that none of the product would get into any areas that may open up on his skin.

TK: Kate, during his recovery was there like a “magic moment” or outcome that he achieved where you thought, "Hey, he really is going to be able to go back to work”?

Gilligan: We have a physical therapist that comes onsite and works with our employees. So, when the PT was there and we were talking about return to work, I said to the employee, "Hey, let's just have you do an evaluation to kind of see where you are, see what kind of physical limitations you might have and what we can do to condition you to get back."

And that report came back with such great results. It said that he was, physically, just in such a good spot. It was amazing.

So, the physical therapist that evaluated him came up with a plan, and we did more of a gradual return to work, just because he had been off over a year and we wanted to kind of see how he did before he went back full duty. And then, the physical therapist actually found the employee was physically able to do more tasks than what the physician had outlined. So, it was working between the physical therapist and the physician and providing those reports to get him back to his full duties.

TK: And he returned full duty?

Gilligan: He has returned to full duty. He was on restrictions for 21 days before we were able to get him back to 40 hours, but he’s back now.

TK: Amazing. Congrats on that wonderful outcome, Kate.

Gilligan: Yeah, thank you.

TK: And I’ll come back to you in a little bit. But, Janet, now it's your turn. Tell us about your Heart of Case Management Award-winning case.

Knorp: So, my employee was injured in March 2022. She had surgery Oct. 17, 2022, and then the case was assigned to me on Nov. 8, 2022. She was a housekeeper, and she had a rotator cuff tear to the right shoulder.

And when the case was assigned to me, they wanted to make sure she was getting her follow-up appointments done more frequently and that she was going to get into physical therapy and any other coordination of care that was needed to help speed her recovery.

TK: And what were some of the challenges you faced in helping this injured employee get back to work?

Knorp: Well, I noticed right away after one of her very first follow ups after surgery was that the provider noted that she didn't have any pain tolerance and that she was very guarded.

During one of her first post-op visits apparently the provider was manipulating her arm movement and she started to cry. And what he noted was that she had zero pain tolerance and really, a couple of months later, he even put in one of his notes that she was going to be a failure to progress because of her low-pain tolerance.

TK: So, as a case manager, what do you do in that situation when the physician says, “she has zero pain tolerance?” Because it's not just the pain tolerance that you’re trying to help manage here. If she doesn't do her exercises and improve, the pain could get worse and her shoulder movement could become permanently restricted, right?

Knorp: Well, when she was released to do gentle range of motion like extending her elbow, her fingers, her wrist, that kind of thing, I really educated her on how important it was that she start her gentle range of motion exercises that the provider recommended.

We discussed pendulum movement and what that means to her recovery. It was really educating her that if she did not do these things, that it would be worse for her. We discussed what frozen shoulder was, impingement syndrome and the outcomes of that.

And, if she didn't progress through these and bear the pain, that she would be worse off in the long run than having the pain now.

TK: And frozen shoulder seems like it's kind of self-explanatory, but for the purpose of the podcast, can you explain what is frozen shoulder, and how would that have restricted her?

Knorp: Well, frozen shoulder would just basically mean that she would not have range of motion and she would be in a chronic pain situation. And so, chronic pain is any pain over three to six months—and then she would be unable to lift her arm above her shoulder.

She’s a housekeeper, so sweeping, mopping, even cleaning the sink. She's right-hand dominate and it was her right shoulder that was affected. So, basically, she wouldn't be able to do any kind of work if it progressed to frozen shoulder.

TK: And, so the doctor didn't feel like the employee was going to progress through rehab. What was your mindset in going into this? If he seemed kind of hopeless about it, how did you kind of flip the script, so to speak?

Knorp: So that was the challenge, right? I felt like the doctor was just going through the motions because the injured employee would cry every time she went to the office when he tried to manipulate her shoulder

She was only prescribed ibuprofen, maybe 600mg, and you can't take ibuprofen four to six hours between each dose. So, we timed it so that she would be the injured employee would be able to take an ibuprofen an hour before she went to see her provider.

Therefore, if he did manipulate her shoulder, her pain was a little bit more bearable at the time. And then we talked about doing the same thing when she went into physical therapy, and then taking a Tylenol along with it to help with the pain.

It was all education. We used an interpreter. The employee was Spanish-speaking, so there was a lot of time taken to make sure that she understood that the interpreter was giving her the correct information, and she was able to verbalize that information back to the interpreter and back to me.

So I knew that she was understanding fully how to take her medications, when to take her medications, and what the outcome would be.

Making sure, after she went to the provider, asking her, "So you took your medication an hour or 30 minutes before your appointment, did you feel this time when he manipulated your arm or shoulder, or you went to PT, were you able to bear that pain?" And, just making sure with the physical therapist. That she was able to bear the pain and that she was progressing. And that was just in reading the physical therapy notes.

TK: Wow, so you not only face barriers in terms of language, but also, because pain is such a subjective thing. You know, we all experience it in a different way.

Were you able to have initial success in terms of encouraging her to start this regimen of her using ibuprofen during rehab, or did you still kind of run into challenges where she tried it and she still was experiencing pain and didn't want to continue?

Knorp: It went along pretty well. But again, pain being subjective, she was not able to complete her activities of daily living. So cooking, cleaning up the house, she wasn't able to brush her hair.

Her adult daughter did live with her and so was able to assist with some of those things. But as soon as the injured employee felt like she was progressing in physical therapy, she attempted to sweep her entire house and had a setback.

And then when she had that setback then we went to, "my shoulder is in so much pain. I can't use it. I'm afraid to move it because now I sweep my entire house and I'm hurting."

And so, we really discussed how she really overdid it and, by slowly moving into her tasks that she wanted to complete at home, it would be a better outcome for her. So, instead of sweeping her entire house, let's sweep a small portion and see how you feel.

So, making sure that she understood that she needs to take smaller steps

TK: So, Janet, was there a breakthrough moment for you in this employee's recovery where you knew she was going to be able to return to work?

Knorp: So, I really think that the breakthrough came when she was out of the country. She was visiting her ill father. And so, I made sure before she left that the physical therapist gave her additional home exercise programs while she was gone because we weren't sure how long she would be gone away.

So, with the physical therapy giving her additional home exercises, I called with her approval while she was away and made sure that she was doing her home exercises and she jokingly was like, "Yes, and my sister is making me."

So that was like a huge turning point that she had somebody else supporting her, making sure that she was doing her home exercise. I really felt like at that time her sister coming alongside and helping her was a turning point also for her to be able to progress through this injury and deal with the pain better.

TK: OK, great. And how long was the duration from the time you took on the case to when she returned to work full duty?

Knorp: She was eventually released to full duty. She was first released to modified duty. She had, again, not really a setback, but she didn't understand her restrictions. And so, through the interpreter, I verbalized what her restrictions were. She verbalized those back to me and then what she was actually doing at her employer.

And so, then I contacted the employer just to verify that they were working within her restrictions. And then we talked about her pain again, and being able to just take ibuprofen and Tylenol to help through the day when she got home, making sure that she was resting and not completing cooking or sweeping or that kind of thing when she got home. That she was able to rest in preparation for the next day.

TK: OK, Janet. We're going to play hypothetical here. What might have happened if a case manager had not been assigned to this case?

Knorp: Well, they would have not really looked at the provider's notes to see from the very first few post ops, how guarded she was and how the physician really felt the injured employee wasn't going to thrive or make a full recovery.

So, not having a case manager work with her and follow up with her and make sure that she was dealing with the pain, the outcome more than likely would have been frozen shoulder, additional surgeries and permanent disability if she ever did manage to go back to work in housekeeping.

TK: Thank you, Janet. And Kate, I'm going to ask you the same question. Had a case manager not been assigned to your individual's case what hypothetically could have happened?

Gilligan: I think, in my case, he may have tried to return to work too soon and maybe not have completed the occupational therapy and physical therapy afterwards because he did have his mindset on just trying to return.

I feel like the education I was able to provide on the importance of completing those therapies helped him ultimately be successful with return to work full duty.

TK: So, Janet, if you were explaining your role as a telephonic case manager to someone not familiar with it, what would you say?

Knorp: So, If I was talking to another nurse who may have wanted to start into case management, I would think the most rewarding for me is being able to walk an injured employee through the entirety of injury to successful return to work. Diving into issues they're having, any concerns or barriers that they're facing that they could successfully return to work. I think that is what the heart of case management is all about.

TK: Great. Thank you. And Kate, what about you? What would you say to someone about the work you do and the role you play in workers' comp?

Gilligan: Yeah, I agree with Janet. I think just being able to walk through and being able to focus more on each individual's case and assist them through their rehabilitation for their illness or injury, and making sure they're able to obtain the treatments that are needed and know exactly what they need to do to be able to get back to work, ultimately, is our role and what makes us realize the success that we do for others.

TK: Thank you, Janet and Kate, for taking the time to talk with us about your award-winning cases. Congratulations. You can learn more about Janet Knorp and Kate Gilligan's Heart of Case Management Award winning cases, as well as those of our previous guests, Sharon Murphy-Potts and Angela Higdon, at enlyte.com.

And that puts a wrap on our podcast series for 2023. I'd like to thank my partners, producer Amanda Quail and assistant producer Liz Finn, who do masterful work behind-the-scenes to bring this podcast to you. And, on behalf of our team, have a wonderful holiday, a peaceful new year and, as always, thanks for listening.

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