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August 20, 2014

Adjuster
TPA/Insurance Co.
C/o Adjusters' Choice
5040 Greenwood Circle
Minneapolis, MN 55331

Employee: Shannon Kelly
D/Injury: 00/00/2012
Claim No: 2012xxxxx

Dear Adjuster,

We conducted a care conference for Ms. Shannon Kelly related to her work comp injury of 00/00/2012. The focus of this conference involved developing clarity and reaching consensus (between Ms. Kelly's providers of record), in order to move forward with a coordinated, integrated, care plan for Ms. Kelly.

EMPLOYMENT

Ms. Kelly was employed as an able bodied seaman in the position of second mate for the Alaskan Marine Highway System at the Bellingham Washington docks up until the time of her work comp injury of 00/00/2012.

RECORD REVIEW

Prior to the care conference I reviewed approximately 800 pages of medical records forwarded by Northern Adjusters related to Ms. Kelly's work place injury of 00/00/2012. Medical records covered a period of time from the date of injury through 07/09/2014.

The pertinent Alaskan Administrative Codes and Statutes were also reviewed.

CARE CONFERENCE

The care conference took place on August 14, 2014 in Juno Alaska at the Travelodge, 9200 Glacier Highway. It lasted approximately 1 hour.

Participants

In attendance were: Shannon Kelly; Tom Slagle/work comp attorney; Leasa Davis /State of Alaska Office of Risk Management; Kathryn Cranor MA, LPC/ mental health professional; Corinne Bullock, RMT/massage therapist; Dana Richards PA-C/primary care provider. Glacier Stenographic Reporters, Inc., was retained to produce a transcription of the meeting which appears as an attachment to this report (Attachment 6).

Two additional individuals were invited but not able to attend the care conference, Shannon Gress, PT and John Bursell, MD. Each was interviewed individually. Ms. Gress was recorded in a telephone interview from Bartlett Hospital on August 7, 2014. And Dr. Bursell was interviewed in person at in his office at Juneau Bone and Joint Clinic on August 14, 2014. Dr. Bursell is a rehabilitation physiatrist. These conversations were also transcribed and are included in the attachments (Attachments 1 and 2).

Objectives

Prior to the care conference, each attendee was sent a letter outlining meeting objectives. These objectives included:

1. To develop an aggressive treatment program with clearly defined durations, timeframes, and benchmarks.
2. Address finding an alternative physical therapy and or massage therapy clinic without a financial tie to the primary care provider's clinic.
3. Acknowledgement of the guidelines rule in Alaska Workers Compensation rules and Statutes AAC 45.082
4. Review medication list and justification of medication to conditions
5. Have discussion of non-work related issues if any
6. Identify and discuss any other issues that the NCM sees fit

Discussion

Many of the attendees walked into the meeting with a notable tension and defensiveness which needed to be put on the table for discussion. They needed to be heard. Participants discussed openly the style difference between Harbor Adjusters, who previously handled the State of Alaska work comp claims to that of Northern Adjusters. There was also notable discussion regarding the style differences between the adjusters themselves at Harbor Vs those at Northern Adjusters. I believe very important and valuable time spent letting this conversation take place. It was my observation that all participants were able to get past this topic and focus on the wellbeing of Ms. Kelly.

The tension that was present upon opening of the meeting eventually gave way to very emotional advocacy for Ms. Kelly. Ms. Kelly's attorney stated on more than one occasion that this case is not in litigation and his desire that it not go to litigation. Discussion took a conciliatory tone and her case was discussed openly and collaboratively. The resultant discussion expressed the goals of working with Ms. Kelly to return her to optimal functionality. Most present communicated a belief that Ms. Kelly's case required an exceptional amount of care or treatment to complete her rehabilitation.

It was further agreed by all providers that she continues to she make progress towards a new baseline. The timeline for completion of her recovery and or rehabilitation varied between 6 to 8 months. The attached transcription chronicles the comments of all care participants in addition to the purpose and directions of care.

There was an evident focus from most of the providers in the conference, as well as those spoken to individually, to address care conference objectives detailed in the August 11, 2014 letter from Adjusters Choice. Specifically, they were asked to objectively state the direction of care, long and short term goals for care and benchmarks that would indicate Ms. Kelly's readiness for discharge from their care. The

desire to see Ms. Kelly seek her massage therapy elsewhere was also discussed. Alaskan Administrative Code AAC 45.082 covering frequency of visits and how they may be limited with relative to time since injury was read into the record and discussed. It was noted that Ms. Kelly's choice of all providers was her own choice.

All attendees shared that they felt the meeting and discussion was of value. It provided as means for all parties to come together as a team and develop a collaborative plan of care. Particularly they felt it would be of value early on in cases where the care and treatment might be more exceptional with regard to cost and or severity.

After a detailed review of the records and meetings and conversations with Ms. Kelly, her attorney and her providers my recommended plan of care is as follows.

1. Physical Therapy

Continue current regimen of physical therapy as laid out by Ms. Gress (attachment 3) with a focus on being able to complete activities of daily living independently. Expected duration should be 6-8 months with a decrease in frequency beginning in 2 months and then becoming less frequent until discharge. (Attachment 2)

2. Massage therapy

Continue as an adjunct to physical therapy. Duration and frequency for massage therapy should mirror physical therapy. (Attachment 3)

3. Mental health

Counseling should be continued. Frequency and duration of this therapy will fluctuate as required by issues raised during activities of daily living, as well as, self-identification and acceptance of her new baseline.

Additionally, it is important that, given the nature of her injuries, Ms. Kelly undergo a neuro psychological examination. This evaluation would better identify Ms. Kelly's current ability to think reason and remember. Testing will also identify mood or emotional problems relevant to her continued physical recovery, self-identification and future employment. Results from this examination need to be shared with her other providers who would benefit from findings. (Attachments 2 and 4)

4. Pain Management

Dr. Bursell should be evaluator of need for further care and or treatment with regards to Ms. Kelly's rehabilitation of her right hip pain and right leg limp. This plan anticipates once per month appointments and appropriate treatment with Dr. Bursell. Currently, there is no need for surgical intervention. (Attachment 5)

5. Primary Care

Ms. Richardson should continue to be Ms. Kelly's Primary Care Provider. She should make recommendations for care and therapy as needed to improve her overall health as is the appropriate role of a primary care provider.

6. Nurse Case Management

If there has been an Achilles Heel to Ms. Kelly's recovery it has been from an overall lack of communication and direction between providers. - As is often a challenge in our health care system. Ms. Kelly's case reflects perfectly the need for effective Nurse Case Management.

Given the report developed with Ms. Kelly's providers and our understanding of this case, quarterly management of this process is recommended to include the following functions:

A. Conduct a 90 day review of Ms. Kelly's medical records. Specifically looking for:

A1. Measureable evidence of Ms. Kelly's progress toward independent function at her new baseline

A2. Accurate documentation to support provider progress

A3. Gaps in communication between providers

B. Conduct 10-20 minute phone interviews with Ms. Kelly's providers regarding her progress toward independent function at her new baseline.

C. Produce a 2-3 page summary from (A) and (B)

D. Acting as a point of contact for providers to address, advance and/or improve communication between them concerning Ms. Kelly's care. In addition, listening and advancing provider concerns.

7. Vocational Rehabilitation

As Ms. Kelly's recovery continues and as results from her neuro psych exam are completed, the need and timing for vocational rehabilitation should be evaluated.

Respectfully,
Greig D. Presnell, RN

