



Case Studies

Exits

About this document

The purpose of these case studies is to present a scenario and what might be considered a good practice approach to manage it based on the intent of ICPMSK. This is not necessarily the only possible way of managing the presented situation but is intended to present an example. If you are reviewing the Case Study as part of the onboarding process prior to commencing the ICPMSK contract, you will have the opportunity to attend a follow-up discussion, where you can ask questions about the Case Study if required.

These case studies are to demonstrate considerations for when a kiritaki should exit ICPMSK, and the appropriate exit reason and supporting information to supply to ACC to ensure the kiritaki can continue to be supported as needed.

Case Study One

Lui had been working part time as a barista whilst studying business at university. He graduated in November and was successful in applying for a role as a Junior Systems Auditor for a sales company, starting in the New Year. He decided to go away with friends for a short holiday to South America over Christmas and resigned from his barista role before he left. He and his friends went rock climbing, where Lui unfortunately injured his shoulder when his foot slipped and his bodyweight dropped and twisted while his right hand was still in the handhold, causing immediate shoulder pain, and he fell. On his return to New Zealand the following week, he found that he was still in a great deal of pain around his shoulder, particularly when lifting his arm above his head so he went to a physiotherapist. His physiotherapist suspected a supraspinatus cuff tear and referred him into their ICPMSK programme. The diagnosis was confirmed by the team at the triage assessment and Lui was accepted onto the pathway.

Following Triage, his ICP Navigator worked with Lui and ACC to confirm eligibility for weekly compensation, and a plan to support a return to his new, office based role. Contact was made with his new employer to discuss and agree a return to work plan, and Lui was supported to request home help to cover his share of domestic tasks at his shared house.

In discussion with his specialist, Lui opted to try to manage his recovery conservatively. His outcomes were agreed as:

- Return to work (be completing full hours and duties) by 1 March.
- Return to independence by 30 April.
- Clinical measure – Right Shoulder (Isometric abduction) 80% Limb symmetry index by 15 June.
- Climb an 'intermediate' wall by 15 July 15.

Lui made great progress with his rehabilitation programme and, thanks to support from his workplace to work with his injury, Lui was able to start work as planned in mid-January and be working full time by mid-February. Lui was still experiencing pain when raising his arm throughout April, so in discussion with his IDT, they agreed to request to extend his home help, and his return to independence goal to the end of May, at which point he was able to manage at home with support from his housemates.

Lui has attained 75% (LSI) isometric abduction strength, but is not yet ready to begin rock climbing again. He advised he is also anxious about the idea of returning to rock climbing too soon, and resulting in time off work when he was still learning the role. On top of this, he is finding it difficult to commit to appointments around his work, now that he is full time, and doesn't like having to ask for early finishes or long lunch breaks to get there. He has asked if he can finish his appointments now, and said he would rather wait and just continue with gym-based strengthening, potentially looking at resuming climbing next year.

Should the kiritaki exit the pathway at this point? If not, what should happen?

Yes, it's been agreed to finish rehabilitation early, and further rehabilitation is not expected to be required. The kiritaki can continue to progress toward the outstanding outcomes on his own.

He can be provided with an exercise programme and a plan to ease back into climbing when he is ready. Given he can now manage his rehabilitation programme independently and needs no further follow-ups from the team, they can mutually agree to exit the programme.

What exit category would be picked in this situation?

Partially achieved – Lui has achieved two of his outcomes (return to work and return to independence) but the remaining two are outstanding. He has asked to exit the programme prior to achieving these.

What advice should be provided to ACC at exit?

It would be indicated that no further support is required. The 'Additional Information' field would state that progress toward the final outcome was stopped at the kiritaki's request, but that Lui has been provided with the information he needs to progress this when ready. A copy of the Recovery Plan showing this goal as 'partially achieved' would be sent to ACC to support this.

On receipt of this information, ACC ICP Team would determine no further support required and close his file.

Case Study Two

Rutvi is part of your ICPMSK spine pathway with a diagnosis of a rotator cuff tear. She is following a conservative management approach, and has been making steady progress, 5 months into an expected 8-month recovery plan. She is benefitting from the interdisciplinary approach, with a physiotherapist, occupational therapist and specialist oversight. She doesn't work, and is receiving support for heavy household tasks only. Unfortunately, Rutvi has a fall at home after getting out the shower injuring her ankle and mildly reaggravating her shoulder.

Seeing her physiotherapist the next day, they support her to lodge a new claim for an ankle sprain but reassure her this should not be a substantial setback for her shoulder. The ICPMSK team are qualified to support her with her ankle sprain as well, but she is keen to see an alternative physiotherapist outside your pathway who she has seen previously for her ankle. This provider works for a supplier that holds the Allied Health contract, but not ICPMSK contract.

Should the kiritaki exit the pathway at this point? If not, what should happen?

No, Rutvi is still expected to progress to a recovery under ICPMSK. Liaison should occur with the other supplier to ensure they are aware that the ICPMSK team are involved in treating her shoulder injury, and that both treatment plans work cohesively. All treatment for the ankle injury should be invoiced by the other supplier under the new claim. The ICP Navigator could consider supporting Rutvi to submit a new request for transport assistance under the new claim number*, as well as equipment to support mobility if clinically appropriate (e.g. a crutch and/or moonboot).

If a new injury were more severe, and would prevent engagement in their rehabilitation for the ICPMSK injury, a kiritaki could be exited with the reason 'Other', providing the new injury's complexity as the rationale and appropriate treatment recommendation to ACC. (See 14.19 – Kiritaki with additional injury claims in the Operational Guidelines).

*More information on submitting entitlement requests appropriately is provided within the 'Entitlements' webinar and supporting materials.

Case study 2 (continued)

A few weeks later, Rutvi has managed to return to where she was with her shoulder rehabilitation prior to her fall and her ankle injury has largely resolved. She believes she is not progressing as quickly with her shoulder though and has found she is much happier with the other provider's rehabilitation approach with her ankle. Rutvi has discussed the support that she is receiving under ICPMSK with them, and they have acknowledged her concerns. The physiotherapist has made contact with the ICP Navigator on request from Rutvi to discuss that they believe the ICPMSK rehabilitation plan is appropriate and has tried to convince her to continue with this, but that Rutvi is adamant she wants to change provider. They believe that they could manage the remainder of her recovery under the Physiotherapy rehab provided under the Allied Health contract.

In discussion with Rutvi, the ICP Navigator attempts to provide further reassurance that she is progressing as expected with her recovery, but she confirms she would like to change to an alternative service with the other provider. The ICP Navigator advised that although her treatment costs are fully covered under ICPMSK, there may be a co-payment for treatment outside of this. She indicates she is happy to cover this cost.

Should the kiritaki exit the pathway at this point? If not, what should happen?

Yes, Rutvi has requested to exit the service, taking into account the point of view of both providers, and the co-payment that might be incurred.

What exit category would be picked in this situation?

'Kiritaki opts for an alternative ACC service'

What advice should be provided to ACC at exit?

- Advise that Rutvi has opted for another ACC service (Allied Health).
- ACC does not need to send a referral and the handover has been provided.
- The expected recovery timeframes from this point based on the recovery trajectory to date.
- The current supports in place in relation to the shoulder injury (home help) and how long these are expected to be required. Send a copy of the completed Recovery Plan.