



Case Studies

Claim Review

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 or listen to the discussion based on questions and comments from other providers.

Case Study One

William is a 55-year-old who enters an ICPMSK programme with a left shoulder rotator cuff tear. He receives surgery for this and has progressed through to the end stage of his post-operative rehabilitation.

William then gradually increases his hours according to his return-to-work plan, operating as a builder installing kitchens in new builds and renovations. Towards the end of his return-to-work plan William reports to his physiotherapist that his left shoulder has been managing the requirements of his work but he notes that both of his knees are becoming increasingly sore. He notes that this probably has been brewing for a while now, especially with some difficulty kneeling for long periods to put in low cabinets and drawers and a feeling that the knees swell up.

He lets you know that last week he saw the orthopaedic surgeon and is going to be put on the waiting list to receive knee joint replacements funded under Te Whatu Ora for his bilateral knee osteoarthritis.

He is wondering whether he should stay on reduced hours to look after his knees while he waits for surgery, and questions whether he is able to extend his current medical certificate in line with that.

Is a claim review required in this situation?

No, the provider has identified that William's injury is no longer the cause of his incapacity. They should write to ACC advising this, providing as much information as possible to enable ACC to make a timely decision:

Example: 'William's shoulder injury has fully recovered. Unfortunately, he is still unable to manage his full hours at work, but this is due to bilateral osteoarthritis in his knees as opposed to his shoulder. In summary the main cause for his ongoing symptoms is no longer due to his covered injury.

ACC will then confirm if support should be suspended and if so, when. In the meantime, until a decision is made, the supplier can continue to provide any outstanding support for the ICP injury if needed.

If there is no additional support needed for the shoulder, they can exit William from the pathway immediately using the reason 'partially achieved'.

Assuming that ACC agrees William should exit before achieving his return to work, the ICP Supplier would exit William from the pathway using the reason 'Not eligible under ACC'.

Case Study Two

Donna injured her right knee and is seen promptly by her GP where a claim is lodged for a knee sprain and a medial meniscal tear. As a part of triage, an MRI scan and specialist review is arranged. The MRI scan shows that Donna has ruptured her anterior cruciate ligament, and partially torn the medial collateral ligament, but the medial meniscus tear is described as questionable. The decision is made to enter Donna into ICPMSK.

**How do you proceed with respect to Donna's diagnosis and cover on the claim?
Is a claim review required in this situation?**

No, the updated diagnoses can be requested via ICP Accept dataset, e.g. Read codes S5C3: Complete tear, knee, anterior cruciate ligament and S5411: Partial tear, knee, medial collateral ligament. This must be accompanied by medical information supportive of these diagnoses, including lodgement notes, assessment and treatment notes, imaging reports and specialist letters. This will ensure that the ACC ICP team have all the information they need to consider additional cover for these updated diagnoses.

Note: Although the meniscal tear is described as 'questionable', more information would be required to verify that it is definitely not present.

Case Study 2 (continued)

Despite attempted rehabilitation, Donna reports ongoing instability events, and the decision is made to proceed to surgery to reconstruct her ACL. The operation note from surgery then reports peri-operative observations that includes the medial meniscus being described as normal. The navigator realises that the client has cover for a medial meniscal tear, but with the recent operation now on file, the balance of evidence suggests that cover for this meniscal tear is no longer appropriate.

Is a claim review required in this situation?

Yes. There is new evidence to suggest the diagnosis that the kiritaki has cover for (medial meniscal tear) may be incorrect. The supplier needs to request ACC reconsider this new information, and whether cover for this diagnosis remains appropriate.

This is important, because if cover remains on the claim, future providers who may want to request surgery for this body site would reasonably believe it would be accepted. However, ACC would likely decline, since we have access to the MRI and operation note indicating this diagnosis is incorrect. This would lead to the client and treatment providers being disappointed, since they would have had expectations that surgery would be approved.

ACC relies on our treatment providers to continuously consider if a kiritaki has correct cover their claim at all stages of their recovery.