



Case Studies

Service Linkages

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

Case Study One - Rosa

Rosa sustained a left tibial condyle fracture which and she has undergone an open reduction and internal fixation (ORIF). Ten weeks later, she reports that she continues to experience high levels of pain, her knee remains swollen, and there are times when her leg feels slightly warmer, or colder than her right leg. She is prescribed pain medication but reports this is ineffective. Her specialist and other members of the interdisciplinary team (IDT) note visible colour changes to her lower leg and are concerned that there is a possibility she may be developing Complex Regional Pain Syndrome (CRPS).

What services, either within or outside ICPMSK service offering, should be considered for Rosa?

Rosa's GP should be updated on her condition. The provider should arrange for Rosa to be seen by a pain specialist from the ICPMSK funding bundle.

If a pain diagnosis is confirmed and the pain specialist is of the opinion that the CRPS was triggered by the covered accident event, intervention, or injury, then provider should notify ACC about the diagnosis of CRPS for the kiritaki, supplying supporting information (eg including the Budapest Criteria).

The kiritaki will need to be exited from ICPMSK.

ACC should be advised of the appropriate next steps for the kiritaki (eg referral for a pain management service). Where possible, the providers should refer the kiritaki into these alternative services to avoid delay in receiving support.

If a pain diagnosis is not confirmed, the pain specialist should provide appropriate management advice for Rosa's symptoms and provide oversight of the rest of the IDT to enable them to continue to treat her within the pathway.

Case Study Two - Lui

Lui was free-rock climbing with his friends. He 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. He was able to catch himself with his other arm and climb back down to the ground with the support of his friends. He was diagnosed with a rotator cuff tear and entered the ICPMSK pathway.

During the triage assessment, Lui reported having difficulty sleeping since his accident, due to a combination of pain and flashbacks to his fall, and he has been irritable with his friends.

What services, either within or outside ICPMSK service offering, should be considered for Lui?

Lui's GP should be updated on Lui's condition. The provider might consider offering psychology support to Lui to discuss additional strategies to manage his emotional distress.

Lui does not have a diagnosed mental injury, so this can be considered as part of the ICPMSK bundle.

Further information should be gathered by the psychologist to flag to the IDT and ACC if a mental injury assessment is to be considered based on their assessment of Lui.

Case Study Two (continued)

Lui attends sessions with a psychologist alongside his current rehabilitation with other IDT members. His psychologist keeps them updated, reporting progress with some of the strategies. Despite this, his psychologist advises that he believes that Lui's symptoms may meet the criteria for post-traumatic stress disorder (PTSD).

What services, either within or outside ICPMSK service offering, should be considered for Lui?

Lui's ICP navigator should request ACC's ICP team to consider a mental injury assessment for Lui. They should send the relevant treatment records from his psychology sessions and anything else relevant they hold, including Lui's lodgement notes. They can continue to provide Lui rehabilitation and psychology assistance in the meantime.

Case Study Two (continued)

Lui's ICP team arrange for a mental injury assessment to be completed by another provider (either a psychologist or a psychiatrist). Following this assessment, they can confirm that Lui meets the criteria for cover of a post-traumatic stress disorder. The recommendation from the provider is that continued psychology treatment should be offered to Lui and he should continue to recover with this support. The ACC ICP team confirm approval for the cover and notify Lui and his ICP navigator of the outcome.

What services, either within or outside the ICPMSK service offering, should be considered for Lui?

Because Lui has cover confirmed for a mental injury caused by a physical injury, any psychology support should be provided outside of the ICPMSK service. This ensures that oversight of the impact of this on his long-term recovery can be maintained by the ACC ICP team. Where possible and with Lui's

agreement, the ICP team may refer to the psychologist who was previously working with him to commence treatment under the Psychological Services contract.

Since the mental injury diagnosis is not impacting Lui's ability to engage in ICPMSK, he can remain in the pathway to receive concurrent rehabilitation from his IDT for his shoulder injury, with the provider ensuring good communication with the psychologist outside of their pathway.

Where a kiritaki requires psychology services to support a mental injury due to their physical injury, and the mental injury is having a significant impact on their ability to engage in and achieve an outcome from ICPMSK, the kiritaki should be exited from ICPMSK. Should their psychological needs stabilise, and they would still benefit from further rehabilitation under an integrated care pathway, they may then re-enter ICPMSK.