

What are evidence-based guidelines and how do case managers use them?

Kerri Wizner, MPH, ReedGroup, Lucy Shannon, ReedGroup, Denise Mayrer, RN, ReedGroup



What is evidence-based medicine?

Each year U.S. employees are absent from work more than 893 million days due to illness or injury, with an additional 527 million lost workdays due to impaired performance (IBI, 2018). Decreasing unnecessary or ineffective treatments given to a patient supports return-to-work efforts so that they can regain the lifestyle they led prior to disability as much as possible.

Evidence-based medicine (EBM) encourages health care providers to incorporate research study results into their clinical care. This helps assure that patients receive treatments that are **scientifically proven to be effective**. EBM has demonstrably reduced unnecessary care, reduced health care costs, and improved patient outcomes (IOM 2012).

Access to EBM guidelines supports case management decisions by:

- providing data informed by research about estimated durations of illness or injury
- identifying common barriers encountered in recovery
- explaining factors that may delay or prolong durations

JOB CLASS	MINIMUM	OPTIMUM	MAXIMUM
Sedentary	1	7	28
Light	3	14	28
Medium	7	14	35
Heavy	14	21	42
Very Heavy	21	35	63

Figure 1. An example of estimated healing times for uncomplicated recovery after carpal tunnel surgery by MDGuidelines.

How are evidence-based guidelines created?

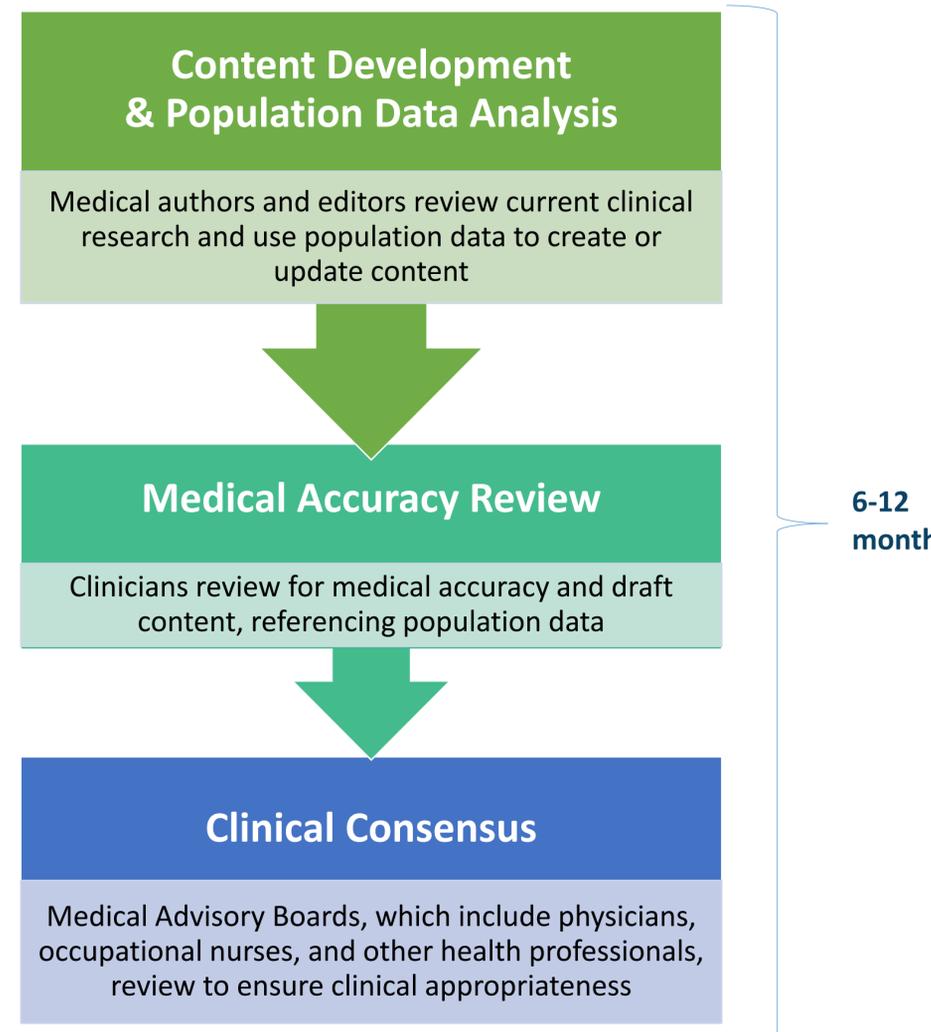


Figure 2. Evidence-based guidelines utilize a series of reviews by medical professionals to ensure that research can support clinical care.

How do case managers use guidelines?

Become familiar with conditions

Explore clinical guidelines that outline the etiology of conditions, common recovery challenges, and related treatment or procedure options.

Understand the timeline of recovery

Review estimated length of disability, including potential confounders such as comorbidities, based on evidence-based physician consensus and population data.

Explore what is possible for your case

Review causation of the condition and known risk factors to help generate ideas about possible transitional or modified duty to support return-to-work conversations between the employee and employer.

Explore psychosocial factors that may be impeding recovery

If recovery has gone longer than expected, explore possible modifiable factors that can be addressed, such as the relationship with the employer, access to necessary care, or patient beliefs.

Critical questions to consider when cases go longer than expected

- Can this employee go back to work with accommodations?
- Are they following the care plan?
- Is there an extenuating circumstance that is affecting recovery?
- “Have you talked to your doctor about why you think you are not healing?”



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