Nurse Case Management Request

State of New Mexico Workers' Compensation Administration
Medical Cost Containment Bureau
Submit completed form to: WCA-MCC@wca.nm.gov
Questions: (505) 841-6000

Requestor Name/Business: _____ Date: _____

Your email and phone number: _____ WCA #: _____

NMAC 11.4.7.12 (C) Case Management

Any party may refer a claim to the WCA for case management by the WCA or its contractor, if any, by submitting the appropriate form to the WCA medical cost containment bureau. The form is located on the agency website.

Any party who objects to the decision of the MCC bureau shall notify the WCA of its objection by filing an application to the director not later than 15 days from service of the decision.

The WCA will consider the following factors when determining eligibility of a case referred for case management:

1. Severe or complex injury including total loss of limb/amputation, severe injury to multiple body parts or lungs, severe burns over a large part of body, traumatic brain injury, spinal cord injury, reflex sympathetic dystrophy/complex region pain syndrome;
2. Language barrier, including hearing impairment;
3. A record or pattern of non-compliance with prescribed treatment, care pan or medical appointments;
4. Multiple health care providers, including providers of different disciplines, requiring coordination between them;
5. Inpatient admission lasting longer than five days or multiple admissions or emergency room visits;
6. Failure to reach maximum medical improvement after one year from the date of injury;
7. Psychological issues that complicate provision of services; and
8. Any other reasonable criteria as approved by the director.

The WCA will monitor case management services to ensure progress pursuant to Section 52-4-3 NMSA 1978. The WCA may terminate or reassign services as it deems appro9priate with notice to the parties.

The contractor shall have the right to contact the worker, insurer, third party administrator, legal representatives, and all HCPs involved in the case.

PAYOR INFORMATION

Insurer: _____ Attorney: _____

Adjuster: _____ Firm: _____

Phone Number: _____ Phone Number: _____

Email: _____ Email: _____

Employer: _____

INJURED WORKER

Name: _____ Attorney: _____

Email: _____ Firm: _____

Phone Number: _____ Phone Number: _____

DOB: _____ SS: _____ Email: _____

Date of Injury: _____Working: ❑ Yes ❑ No

Occupation: _____

Please answer the following questions:

- ❑ Reason for referral: _____
- ❑ Body Part(s) Involved: _____

  _____
- ❑ Meets Eligibility Criteria as indicated in NMAC § 11.4.7.12 (C-2-a)
- ❑ Primary language spoken: _____
- ❑ Injured worker's city residence: _____
- ❑ Has a nurse case manager been assigned by the insurer/employer? ❑ Yes ❑ No If not, Why:

  _____
- ❑ Previous nurse case management (name): _____
- ❑ Previous NCM was not successful due to: _____
- ❑ Include at least 12-18 months of medical records – in chronological order - with this request (required)
- ❑ Attorneys on both sides have been alerted prior to this request – if not all parties should be included on the email requesting nurse case management from the WCA.

I attest that all attached documents (including, but not limited to, medical records, billing forms, and certificates of mailing) are the exact reproductions of the document previously submitted to the workers' compensation payer for reimbursement.

Signature: _____ Date: _____