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IV. Qualifications and Roles of Practitioner

A. Worker's Compensation Case Manager (WCCM)

Workers' Compensation Statute 9-6A-09(a) and COMAR 14.09.07.01 : "Nurse case manager" means a nurse who is certified by the State Board of Nursing to provide case management services, including but not limited to interviewing the worker for the purpose of implementing and coordinating services with health care providers and with the worker and the worker's family.

Board of Nursing definition: "RN-WCCM" means a registered nurse-workers' compensation medical case manager. (COMAR 10.27.16.02)

COMAR 10.27.16.05: Notice to Worker's Compensation Commission- the Board of Nursing will notify the Commission of newly recognized WCCM nurses and any WCCM nurses who fail to renew their license. The Board will provide reports of any disciplinary actions against a WCCM nurse.

COMAR 10.27.16.06: Scope of Practice- WCCM nurses may perform medical case management of the disabled covered employee. WCCM nurses must comply with other statutes or regulations governing registered nurse practice AND laws, statutory policies, and procedures of the Commission.

Medical case management is the planning and coordination of health services that leads to medical rehabilitation whether contact with the employee face-to-face, electronically, or written.

Telephonic Case Managers have the same responsibilities to follow the rules as the WCCMs working in the field. Telephonic Case Managers and field case managers have the same rights and responsibilities as it pertains to communication with doctors and do not function as gatherers of information or investigators. The Maryland Board of Nursing outlines the role of Telephonic Case Managers with the expectation that they will provide medical case management in the form of an initial interview, and development and coordinating a plan of care. They are to share their notes instantaneously with parties as the cases progress, and ensure contact with the plaintiff's attorney to keep them abreast of any concerns with the coordination of care.

COMAR 10.27.16.02-Medical case management includes:

- i. Case assessment;
- ii. Implementation and coordination of services with the disabled covered employee, family, and health care Practitioner/Counselors;
- iii. Evaluation of treatment results;
- iv. Coordinating community re-entry;
- v. Return to work with the employer of injury; and
- vi. Referral for further vocational rehabilitation services.

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