



Case Management Reduces EMR and Lowers Insurance Costs

Improving Clinical Oversight to Control Risk and Reduce Recordables

\$62.5K

Annual Insurance Savings

Reduced premiums through EMR improvement

0.98

EMR Achieved

Down from 1.13, a measurable risk reduction

25%

Reduction in Recordables

OSHA recordable events cut within two years

- A structured case management program delivered by Examinetics produced direct, quantifiable improvements in safety performance and insurance cost all within a two-year implementation window.

Limited Clinical Oversight Increasing Risk and Costs

A mid-sized manufacturing employer found itself operationally constrained by geography. They had a single occupational health clinic falling within acceptable travel distance for injured workers. While this arrangement satisfied basic access requirements, it introduced a compounding set of clinical and compliance risks that translated directly into rising injury costs and deteriorating safety metrics.

The clinic, though accessible, operated without a strong working knowledge of OSHA recordability standards. Treatment decisions were made in clinical isolation rather than in alignment with employer objectives. Care escalations that could have been managed under first-aid protocols were instead classified as recordable medical treatment events. Each instance incrementally worsening the company's Experience Modification Rate.

Provider Access Constraints

A single in-network clinic created a monopoly on injury care decisions, eliminating competitive accountability and limiting the employer's ability to redirect care.

OSHA Recordability Gaps

Clinic staff lacked command of OSHA's first-aid versus recordable treatment thresholds, leading to systematic over-classification of injuries with compounding EMR consequences.

Misaligned Treatment Planning

Clinical decisions were not consistently calibrated to employer interests or return-to-work objectives, increasing unnecessary escalation and recordable event frequency.

Rising Financial Exposure

Each incremental EMR increase translated directly into higher insurance premiums — a cost that compounded year-over-year without a structured intervention.

Left unaddressed, this pattern would have continued to erode the company's safety record and burden its operating budget with avoidable insurance costs. The root cause was not injury frequency itself, it was the absence of clinical oversight.

Centralized Case Management and Clinical Oversight

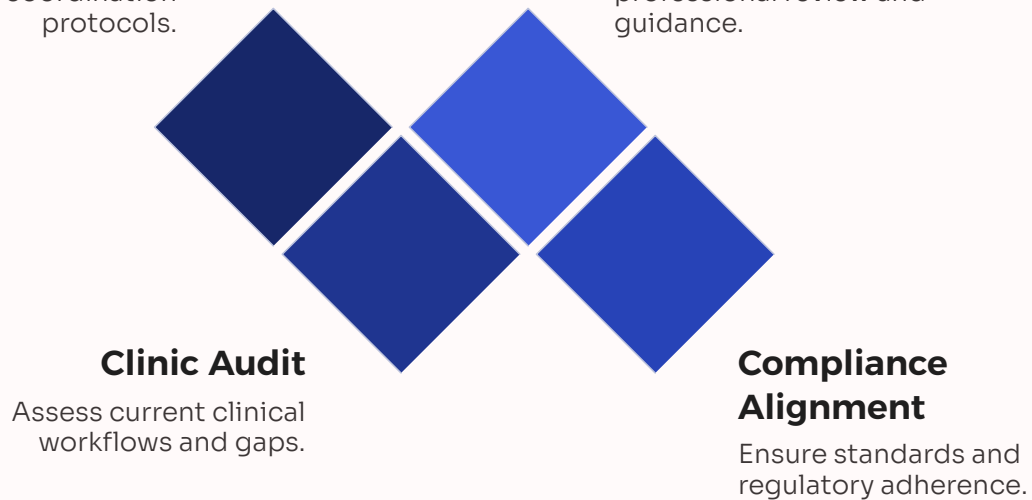
Examined deployed a structured case management framework designed to insert professional clinical oversight at every stage of the injury management process. Rather than allowing the existing clinic to operate autonomously, Examined repositioned itself as an active intermediary. Auditing provider behavior, standardizing treatment classification, and ensuring that every clinical decision aligned with both OSHA compliance requirements and the employer's return-to-work objectives.

Case Management

Implement centralized case coordination protocols.

Clinical Oversight

Provide ongoing professional review and guidance.



The program was executed in a deliberate sequence. An initial audit of the existing clinic identified specific knowledge gaps in OSHA recordability standards; providing the evidentiary foundation for a targeted education intervention. Case management protocols were then implemented across all work-related injuries, ensuring no treatment decision occurred outside a structured oversight process.

Clinical Intervention Actions

- Audited clinic for OSHA recordability knowledge gaps
- Implemented case management across all work-related injuries
- Provided oversight of all clinic-based care decisions
- Educated staff on first-aid versus recordable thresholds
- Ensured treatment plans aligned with compliance standards

Strategic Shift

The program fundamentally changed the employer's posture, moving from passive acceptance of clinical decisions to active, structured management of every injury episode.

This shift ensured that recordability determinations were made with full knowledge of OSHA standards, and that treatment escalation occurred only when clinically necessary, not by default.

Shifted from passive care to actively managed injury treatment aligned with compliance and cost control.

Reduced Recordables and Direct Financial Impact

The Examinetics case management intervention produced results that were measurable, material, and achieved within a two-year implementation window. Improvements spanned three distinct domains: OSHA compliance performance, direct insurance cost reduction, and broader risk control discipline. Each domain reinforcing the others in a compounding cycle of operational improvement.

Compliance Improvement

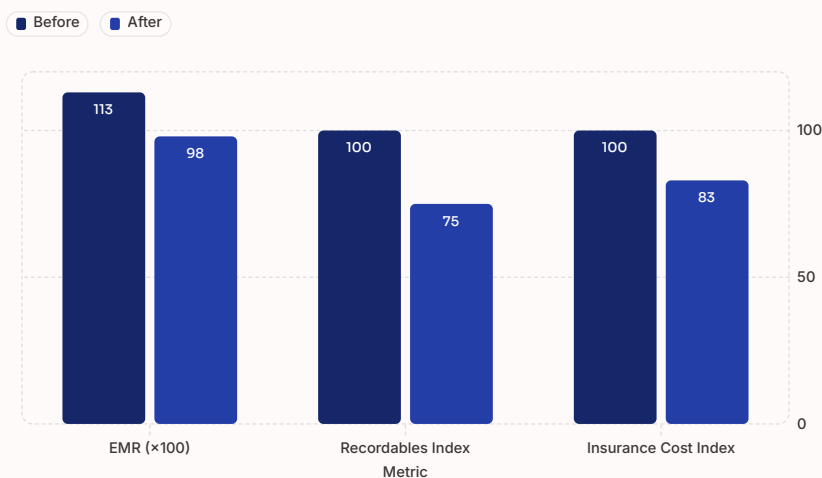
- 25% reduction in OSHA recordable events within two years
- Improved consistency in treatment classification across all injuries
- Eliminated systemic over-classification driven by provider knowledge gaps

Financial Impact

- EMR reduced from 1.13 to 0.98; crossing the benchmark threshold
- Insurance premiums reduced by \$62,500 annually
- Savings directly attributable to EMR improvement, not claims management tricks

Risk Control

- Improved alignment between care decisions and employer interests
- Reduced unnecessary escalation of treatable injuries
- Increased management visibility into the full injury lifecycle



Reading the Results

The EMR reduction from 1.13 to 0.98 is not merely a statistical improvement. It represents a crossing of the 1.0 benchmark that insurers use to tier premium pricing. That single threshold shift was sufficient to unlock \$62,500 in annual premium reductions.

The 25% recordables reduction reflects a sustained behavioral change in how injuries are classified and managed. A structural outcome, not a one-time correction.

Why It Worked

The results achieved by this engagement were not accidental. These results followed directly from a set of deliberate, sequenced interventions that addressed the root causes of the problem rather than its symptoms. Five operating principles defined the program's effectiveness and distinguish it from conventional occupational health arrangements.

1 Clinical Oversight Corrected Provider Knowledge Gaps

The clinic audit revealed specific, addressable deficiencies in OSHA recordability knowledge. By targeting the source of misclassification rather than managing its downstream effects, Examinetics eliminated a systemic driver of unnecessary recordables before it could generate further EMR damage. Provider education is not a soft intervention. It is a compliance control with direct financial consequences.

2 Case Management Enforced Consistent Decision-Making

Structured case management eliminated the variability that allows recordable events to accumulate. Every work-related injury was subject to the same oversight protocol, ensuring that treatment classification decisions were informed by OSHA standards and employer objectives, not clinical convention or provider habit.

3 Education Aligned Treatment With Compliance Standards

Clinic staff education on first-aid thresholds created a durable behavioral change rather than a temporary correction. When providers understand the recordability implications of treatment decisions, they make more precise clinical judgments. This generates better outcomes for both the injured worker and the employer's safety record.

4 Reduced Recordables Drove EMR and Premium Improvement

The causal chain from recordable reduction to EMR improvement to premium savings is direct and well-established. By reducing recordable events by 25%, the program produced an EMR movement sufficient to cross the 1.0 insurer benchmark; unlocking \$62,500 in annual savings that will recur each year the performance is sustained.

5 Proactive Management Replaced Reactive Injury Response

Perhaps most significantly, the engagement changed the fundamental operating model. Reactive injury management, accepting clinical decisions after the fact, was replaced by proactive oversight that shaped decisions in real time. This structural shift is the reason results are sustainable, not episodic. Employers who manage injuries actively control costs; those who manage them reactively absorb them.

- ❑ **Bottom Line:** Structured clinical oversight is an operational discipline with quantifiable financial returns. For manufacturers operating near or above the 1.0 EMR threshold, case management is among the highest-ROI interventions available within the occupational health portfolio.