

## **CorVel Utilization Management Programs**

CorVel's utilization management program reviews proposed diagnostics, medications, ambulatory treatment, and inpatient hospital admissions to determine the appropriateness, frequency, length of stay, and setting for such proposed treatment.

CorVel nurses make recommendations to the claims adjuster based on nationally accepted medical guidelines, including Office Disability Guidelines (ODG) by MCG; the American College of Occupational and Environmental Medicine (ACOEM) Occupational Medicine Practice Guidelines: Evaluation and Management of Common Health Problems and Functional Recovery in Workers; Medical Disability Advisor: Workplace Guidelines for Disability Duration (MDGuidelines) and other nationally accepted treatment practice guidelines, as well as any state mandated treatment guidelines.

If the nurse does not initially recommend the requested element of care, the request is reviewed by a CorVel Physician Advisor. The Physician Advisor makes a final recommendation to the nurse and/ or claims adjuster to approve, or to deny or modify based on lack of medical necessity. If a final recommendation is made to deny or modify treatment, the treating physician is notified in writing of the decision and the appeals process.

For details of CorVel's Utilization Management policies and procedures, please email:

[GM-IRCA-QA\\_UM\\_Inquiry\\_Admin@Corvel.com](mailto:GM-IRCA-QA_UM_Inquiry_Admin@Corvel.com)