What Does a Michigan Auto No-Fault Case Manager Do?

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After a serious crash, an injured person can end up dealing with physicians, therapists, insurance adjusters, attorneys, equipment vendors, and transportation providers, all while trying to heal. A Michigan Auto No-Fault case manager helps hold those pieces together.

At AICM – Michigan, that means assessing what an injured person needs, arranging the right services, finding what is getting in the way of recovery, and keeping the treatment team informed and working toward the same outcomes.

What Is Auto No-Fault Case Management?

Case management is a coordinated way of helping an injured person find and use the medical, rehabilitation, and support services they need after a motor vehicle crash.

The case manager does not replace the patient's doctors, therapists, attorney, family, or insurer. The role sits between them, keeping the rehabilitation plan organized and adjusting it as the person's needs change. For people with serious or catastrophic injuries, that can mean coordinating many providers over a long period.

What a Case Manager Actually Does

Every case is different, and the work depends on the person's injuries, circumstances, and goals. In general, a case manager may:

- Complete an initial assessment of medical, rehabilitation, functional, and support needs
- Coordinate appointments with physicians, specialists, therapists, and other providers
- Share information among members of the treatment team
- Spot delays, gaps, or obstacles in care
- Arrange referrals and follow up on outstanding orders
- Coordinate therapies such as physical therapy, occupational therapy, speech-language pathology, counseling, and home care
- Help arrange durable medical equipment, mobility equipment, transportation, home modifications, and community resources
- Take part in rehabilitation and care-planning meetings
- Track progress and changes in the person's condition
- Communicate relevant information to the parties involved in the claim
- Explain the rehabilitation plan to the injured person and their family

Good case management requires more judgment than a task list does. The case manager keeps asking whether the current plan is meeting the person's needs.

Connecting the Treatment Team

After a serious crash, care often becomes fragmented. A physician's recommendation never reaches the therapist. A therapist notices a new functional problem that needs a doctor's evaluation. Equipment is recommended but never ordered. A missed ride causes a missed appointment. The family isn't sure who is responsible for the next step.

Each provider may be doing excellent work, yet no one may be seeing the whole picture. The case manager fills that gap. When providers communicate across disciplines, the team can respond much faster when something changes.

Function Matters More Than Appointment Counts

Recovery isn't measured by how many appointments someone attends. The better questions are practical ones. Can the person move safely around the home? Prepare a meal? Manage medications? Return to school or work? Get out into the community? Is the home set up for their current abilities? Are cognitive, behavioral, emotional, or physical limitations getting in the way of daily life? Are they becoming more independent?

A strong rehabilitation plan ties treatment to these outcomes, and the case manager's job is to keep them in view.

Finding and Removing Barriers

Sometimes the right treatment has already been recommended, but something keeps it from happening. Common causes include scheduling conflicts, lack of transportation, trouble finding a suitable provider, communication breakdowns, equipment delays, incomplete referrals, authorization problems, and changes in the person's medical condition.

A case manager looks for these problems early and works out what can reasonably be done about them. In complex cases, one small unresolved issue can hold up several other services.

Coordinating Medical and Rehabilitation Services

Serious injuries often require many disciplines. Depending on the person's needs, the team might include:

- Physical medicine and rehabilitation physicians
- Neurologists and other specialists
- Physical, occupational, and speech-language therapists
- Neuropsychologists

- Counselors and behavioral-health professionals
- Nurses and home health professionals
- Orthotists and prosthetists
- Assistive technology professionals
- Durable medical equipment suppliers
- Home modification professionals
- Vocational rehabilitation professionals

The case manager does not tell these professionals how to practice. The role is to support communication, follow up on their recommendations, identify needs that haven't been met, and keep care continuous.

Why Independence Matters

Recommendations should come from what the injured person needs. An independent case manager can weigh the options, raise concerns, and arrange services without letting any one provider's financial interests shape the plan.

At AICM – Michigan, we put the injured person's needs and rehabilitation outcomes first. That means supporting real provider choice, giving objective recommendations, encouraging collaboration among professionals, and building the plan around the individual rather than around a fixed network of services.

Does the Case Manager Decide What No-Fault Will Pay?

No. A case manager can document needs, coordinate recommended services, communicate with the appropriate parties, and help resolve barriers to care. The case manager does not decide coverage or make the insurer's benefit decisions. Those depend on the insurance policy, Michigan law, the facts of the claim, and the insurer's determinations.

A case manager is also not a substitute for an attorney. Questions about legal rights, disputed benefits, litigation, or how to interpret Michigan's No-Fault law should go to a qualified attorney.

When Someone Might Need a Case Manager

Not every crash calls for professional case management. It becomes most valuable when a person's needs are complex or hard to coordinate: traumatic brain injury, spinal cord injury, multiple orthopedic injuries, significant functional limitations, a long hospitalization, several rehabilitation disciplines, equipment or home modification needs, attendant care, cognitive or behavioral changes, or a complicated move from hospital to home.

It can also help when many providers are involved and the injured person or family is struggling to keep track of it all.

The Injured Person Stays at the Center

A case manager talks with many people, but the injured person is the reason for all of it. Rehabilitation exists to help someone regain as much function and independence as reasonably possible and to deal with what the injuries have changed in everyday life. It does not exist to generate appointments and reports.

We call this being patient first, and it has guided our approach to Michigan Auto No-Fault case management since 2014.

Case Management from AICM – Michigan

AICM – Michigan provides independent case management for people recovering from serious injuries after motor vehicle crashes, throughout Michigan. Our case managers bring clinical and rehabilitation experience and work with injured individuals, families, healthcare professionals, attorneys, insurers, and the rest of the rehabilitation team.

Good case management means understanding the person and the rehabilitation plan, noticing when something isn't working, and helping the team decide what comes next.

To learn more or make a referral, call AICM – Michigan at 248.767.7776 or visit the referral section of our website.

About the Author

Michael Malecki, RN, FF/EMT, is President and CEO of AICM – Michigan, an independent case management organization founded in 2014. A registered nurse since 1992, his clinical background includes emergency and trauma nursing, healthcare leadership, and emergency medical services. He leads AICM – Michigan's patient-first approach to coordinating care for people seriously injured in motor vehicle crashes.