THE PERSONAL INJURY PLAYBOOK

Case Manager's Edition

From Intake to Settlement in the PI Law Firm

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THE INJURY PLAYBOOK LIBRARY
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THE PERSONAL INJURY PLAYBOOK: CASE MANAGER'S EDITION

From Intake to Settlement in the PI Law Firm

Published by The Injury Playbook Library, an imprint of Injury Legal Consultants.

This book is intended for general informational and educational purposes only and does not constitute legal, medical, financial, or other professional advice. Nothing in this book authorizes a non-attorney to engage in the practice of law, or a non-clinician to render clinical judgments. Laws and regulations governing statutes of limitations, comparative fault, medical liens, letters of protection, Medicare and Medicaid recovery, ERISA reimbursement, HIPAA, and related matters vary by state and change over time — in several instances described in this book, they changed within the three years preceding publication. Readers must confirm the applicable rules in their own jurisdiction with a licensed attorney before applying any guidance in this book to a client matter. The forms and checklists in the Appendices are provided as starting templates only and should be reviewed and adapted by qualified counsel before use.

All persons, firms, providers, insurers, and case facts appearing in the examples in this book — including the recurring "Reyes File" — are entirely fictional. Any resemblance to actual persons or matters is coincidental. References to case management software platforms are illustrative and do not constitute endorsement.

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Table of Contents

Introduction: How to Use This Book

This book is written for the person who runs the file. Not the attorney who owns the case, and not the paralegal drafting the pleadings — the case manager who knows, without looking, whether the client made it to physical therapy this month.

It is a role that has grown up almost entirely out of practical necessity, and one for which remarkably little has been written. Paralegals have textbooks, certification programs, and continuing education. Attorneys have law school and CLE. Case managers, by and large, are trained the way most operational roles in small and mid-sized firms are trained: on the job, by whoever was doing the job before them, using whatever process that person happened to build.

That works, until the person who built it leaves.

Why This Book Exists

A personal injury firm looks, from the outside, like any other law practice. It has attorneys, files, deadlines, and a fee agreement. But the operational reality of a high-volume PI practice is that no attorney can personally touch every file every week, and the work that keeps a case alive between intake and demand — tracking treatment, chasing records, catching liens, calling a frightened client back — falls to someone else.

That someone is you. And the knowledge required to do it well is real, specific, and almost entirely undocumented. How to recognize that a records refusal probably signals a protected category. Why a Conditional Payment Notice sitting in the mail for five weeks costs your client money. What to say when a client calls at night and asks, off the record, what you would do.

This book is an attempt to write that knowledge down.

How the Book Is Organized

The book follows the lifecycle of a case, through six parts. Part I establishes what the role is, the legal landscape underneath it, the boundary you must never cross, and the rules governing the records you handle. Part II covers intake and case setup — the first days, and why they matter more than any others. Part III covers medical coordination: treatment, records, and the liens that will consume the settlement if nobody is watching them. Part IV covers case development — adjusters, evidence, damages, and experts. Part V covers demand and negotiation, including the moment the client decides. Part VI covers settlement, disbursement, and the obligations that outlive the file.

Each chapter follows the same shape: an explanation of why the topic matters, the operational substance, a set of **Key Takeaways**, and an **Automation Opportunity** section describing how the workflow can be supported by case management software. Two recurring features appear throughout. Jurisdictional Variation callouts mark the places where the law differs meaningfully between states — treat each one as an instruction to confirm the local rule with your supervising attorney. And **The Reyes File** follows one fictional case, from the first frightened phone call to the last, including the moments where the right answer is uncomfortable.

Using the Appendices

The appendices at the back of this book are meant to be used, not just read. They are the working forms — the intake checklist, the escalation matrix, the lien ledger, the Medicare workflow, the role-boundary scripts you can keep by the phone.

They are starting points, not templates to adopt unchanged. Every one should be adapted to your firm, your jurisdiction, and your case management platform — and anything touching a deadline, a lien, or a jurisdictional rule must be reviewed by your supervising attorney before use.

If you are looking for something you can use tomorrow morning, start there and read backward into the chapter that explains it.

A Note on Scope

This book is not legal advice, and it is not a substitute for the direction of your supervising attorney. It describes general practice in a field where the governing rules vary substantially by state and change over time. It deliberately omits certain reference tables — including a fifty-state statute of limitations chart and a fifty-state lien law chart — because such charts create false confidence, and false confidence is how deadlines get missed. Legal authorities, regulations, and agency guidance cited in this edition were reviewed through July 14, 2026.

Nothing in these pages authorizes a non-attorney to give legal advice, evaluate a claim, or exercise professional legal judgment. Nothing in them authorizes a non-clinician to render a clinical opinion. A reader who takes any part of this book as license to do either has misread it.

Where this book and your supervising attorney disagree, your supervising attorney is right.

A Companion Series

This book is part of The Injury Playbook Library's broader Personal Injury Playbook series, which addresses the personal injury ecosystem from several vantage points — the clinic that treats the patient, the practice that bills the case, and the firm that carries it to resolution. Each edition stands alone. Together they describe a system that most of its participants only ever see one corner of.

A Note on What This Book Asks of You

Nearly every chapter here will ask you not to do something you could do, and often something you would be good at.

Not to answer the question. Not to give the number. Not to reassure her. Not to make the referral. Not to tell her what you would do.

That restraint is not a limitation on your professionalism.

It is your professionalism.

Part I — Foundations of the Role

Chapter 1: The Case Manager's Role in the Personal Injury Firm

Introduction

Walk into almost any personal injury firm handling more than a handful of active files, and you will find a person—or more often, a team of people—whose title includes some version of "case manager." They are not the attorneys. In many firms, they are not paralegals either, at least not in the traditional sense. They occupy a role that has grown up almost entirely out of practical necessity: someone has to keep a caseload of dozens, sometimes hundreds, of open injury claims moving forward, day after day, without waiting for an attorney to personally touch every file.

This book exists because that role—despite being essential to how modern PI firms actually function—has very little formal training literature written for it. Paralegals have decades of textbooks, certification programs, and continuing education built around their scope of practice. Attorneys have law school, bar exams, and continuing legal education requirements. Case managers, by contrast, are frequently trained the way most operational roles in small and mid-sized firms are trained: on the job, by whoever was doing the job before them, using whatever process that person happened to build.

That approach works, to a point. But it also means that critical knowledge—how to spot a lien that is about to consume a settlement, how to recognize an interruption in treatment that will hand the defense an argument, how to keep a statute of limitations from quietly expiring—lives in the head of whoever has been doing the job longest, rather than in a system the firm can teach, audit, and improve. When that person leaves, the knowledge leaves with them. This book is an attempt to put that knowledge into a form that can be taught, checked, and handed to the next person.

Who This Book Is For

This book is written for case managers employed by personal injury law firms. That is a deliberate narrowing, and it is worth explaining.

A great deal of the work described in these pages—tracking settlement authority, supporting demand preparation, negotiating with adjusters, coordinating trust-account disbursement—exists only inside a law firm. It is legal-support work, governed by the rules of professional conduct that apply to attorneys and the non-lawyer staff they supervise. Someone working as a case manager inside a medical practice, a care-coordination company, or a hospital system does genuine-

ly important work in personal injury matters, but they do a fundamentally different job, under a different professional framework, with different obligations.

That said, law firm case managers work *constantly* with medical case managers, provider staff, and care coordinators. Part III of this book is devoted to that interface. So while this book is written for the law firm side, it takes seriously the task of explaining who is on the other end of the phone, what governs them, and what they can and cannot do. Understanding the other side's constraints is not a courtesy—it is how you get faster records, cleaner lien resolutions, and fewer misunderstandings that damage a client's case.

What a Case Manager Actually Does

If you asked ten personal injury attorneys to define "case manager," you would likely get ten different answers, and all ten would be partially right. The role varies significantly by firm size, practice volume, and whether the firm handles cases in-house from intake through litigation or refers out cases that proceed to suit. That said, a few core functions show up almost everywhere the title exists.

File ownership. A case manager typically owns a defined caseload of files and is responsible for knowing the status of every one of them at any given time—not just at intake, and not just when a deadline is imminent. This is the single most distinguishing feature of the role: an attorney may carry ultimate responsibility for a file, but the case manager is the person who knows, without looking, whether the client has been to physical therapy this month.

Client communication. Case managers are frequently the primary point of contact a client has with the firm during the treatment phase of a claim, which is often the longest phase and the one during which the least visible progress occurs. Chapter 6 treats this as a discipline in its own right, because it is one of the largest drivers of client satisfaction—and client complaints.

Medical coordination. This includes tracking treatment, requesting records and bills, following up on scheduled care, and identifying interruptions in care that could affect the documentation of the claim. Chapter 9 addresses the ethical boundaries around this work carefully, because it is easy to drift from *coordinating* care into something that starts to look like *directing* care—a line law firm staff must not cross.

Documentation and organization. Building and maintaining the file so that when it does need attorney attention—for a demand, a mediation, or litigation—everything is there, organized, and usable. Nearly every chapter in this book ultimately serves this function.

Deadline management. Statutes of limitations, pre-suit notice requirements, insurance response deadlines, and internal firm benchmarks all typically flow

through case manager tracking systems. Chapter 8 treats this as the highest-stakes operational discipline in the book, because a missed limitations deadline is one of the very few errors in this field that cannot be repaired.

Notably absent from that list: legal advice, legal strategy, case valuation, and settlement judgment. That boundary is not incidental—it is the subject of Chapter 3, because it is the single most important line a case manager must never cross, however collaborative and trusted their relationship with the supervising attorney becomes.

The Reyes File: An Introduction

Throughout this book, we will follow a single fictional case from first contact through post-settlement closeout. It is composite and invented, but the fact pattern is deliberately ordinary—the kind of file that arrives at a PI firm on any given Tuesday.

Marisol Reyes, 63, is stopped at a red light when a delivery van strikes her vehicle from behind. She is transported by ambulance to the emergency department, where imaging shows no acute fracture. She is diagnosed with a cervical strain and discharged with instructions to follow up with her primary care physician.

Three facts about this file will matter enormously later, and none of them are apparent on the first phone call:

1. Ms. Reyes has a documented history of cervical degenerative disc disease, treated intermittently over the prior six years.
2. She is a **Medicare beneficiary**.
3. The delivery van's commercial policy has ample coverage—but Ms. Reyes's own underinsured motorist coverage may become relevant depending on how liability and damages develop.

Each of these facts will surface in a later chapter, and each will require the case manager to do something specific, at the right time, in the right sequence. Watch for the boxed Reyes File entries throughout.

Case Manager Versus Paralegal: A Real but Often Blurry Distinction

The terms "case manager" and "paralegal" are used inconsistently across the industry, and firms should not assume job titles map cleanly onto job duties. The U.S. Bureau of Labor Statistics describes paralegals and legal assistants as performing substantive legal support work—conducting legal research, drafting docu-

ments, and assisting attorneys in preparing for hearings, trials, and closings—generally under the supervision of a licensed attorney.[1] Paralegal roles have historically involved some formal post-secondary paralegal training or a bachelor's degree, though requirements vary considerably by employer and jurisdiction.[1]

Case manager roles, particularly in high-volume PI firms, more often emphasize workflow, client-facing coordination, and medical record management over legal drafting and research. In practice, many firms use "case manager" for staff whose work centers on logistics, communication, and file maintenance, and reserve "paralegal" for staff doing legal drafting and substantive case preparation. But plenty of firms blend the two roles into a single position, and plenty of others use the titles interchangeably regardless of actual duties.

Here is the point that matters, and it is worth stating plainly: the job title does not determine the legal boundary. Certain functions—legal research presented as legal conclusions, drafting demand letters, giving legal opinions to clients, evaluating case value—carry real unauthorized-practice-of-law exposure regardless of what the position is called on an organizational chart. A person titled "case manager" who gives a client a legal opinion has engaged in the unauthorized practice of law just as surely as a person titled "paralegal" who does the same thing. Chapter 3 addresses this in depth.

The Medical Case Manager: A Distinct Profession, Precisely Defined

Law firm case managers will interact regularly with people who hold the title "case manager" on the medical side—employed by provider groups, hospital systems, care-coordination companies, or insurers. It is important to understand what that role actually is, and equally important not to overstate it.

The most widely recognized credential in that field is the Certified Case Manager (CCM), administered by the Commission for Case Manager Certification (CCMC). CCMC defines case management as a collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet a client's health and human services needs, characterized by advocacy, communication, and resource management.[2]

Here is the distinction that is most frequently gotten wrong, including in a great deal of published material on this subject. The CCM is a *professional certification*, not a clinical license. It does not, by itself, confer authority to diagnose, prescribe, or render clinical opinions. CCMC's own certification guide is explicit that in granting the designation, "it is not the intent of CCMC to guarantee that a specific individual is suitable for employment or to impose restrictive staffing

requirements on any agency"; rather, the objective is to establish a national process that measures an individual's basic knowledge of case management.[2]

Eligibility for the CCM examination runs through one of two routes. An applicant may qualify with a current, active, unrestricted license or certification in a health or human services discipline that, within its own scope of practice, allows the holder to conduct an assessment independently. Alternatively, where licensure is not required for the applicant's discipline, an applicant may qualify with a baccalaureate or graduate degree in a health or human services field, plus a supervised field experience.[2] Both routes additionally require qualifying case management employment experience.[2]

What follows from this is important for anyone on the law firm side who works with medical case managers:

The authority of a medical case manager to make any clinical determination derives from that individual's underlying license, education, and organizational role—not from the CCM credential itself. A CCM who is also a registered nurse operates within the scope of nursing practice in their state. A CCM who holds a degree in rehabilitation counseling operates within that professional scope. The CCM credential sits on top of that underlying authority; it does not create it, expand it, or substitute for it.

For a law firm case manager, the practical consequences are direct:

- Do not assume that because someone holds a CCM, they are authorized to render a medical opinion about your client's condition, prognosis, or the relationship between an injury and an accident. That may or may not be true, depending entirely on their underlying licensure.
- When you need a clinical determination—whether a condition is causally related to the collision, whether a course of treatment is medically necessary—that opinion must come from an appropriately licensed clinician, and its use in the case is a matter for the attorney. Chapter 18 covers this.
- Treat the medical case manager as what they are: a skilled professional, bound by their own code of conduct, who is often your most effective route to records, scheduling, and provider communication.

Table 1.1: Role Comparison

Dimension	Law Firm Case Manager	Paralegal	Medical Case Manager (CCM)	Supervising Attorney
Source of authority	Delegated by supervising attorney	Delegated by supervising attorney	The individual's **underlying license or degree**; CCM certifies case management knowledge, not clinical authority	Independent license to practice law
Core function	Client communication, file coordination, medical record and lien tracking, deadline management	Legal research, drafting, substantive case preparation	Assessment, planning, coordination, monitoring, and evaluation of health and human services	Legal judgment, representation, strategy, valuation
May give legal advice?	No	No (drafts for attorney review only)	No	Yes
May render clinical opinions?	No	No	**Only within the scope of the individual's underlying license, credential, education, and organizational role.** The CCM credential does not independently confer authority to diagnose or prescribe.	No (unless separately clinically licensed)
Governing framework	Firm policy + the supervising attorney's rules of professional conduct	State bar paralegal utilization guidelines + supervising attorney's rules	CCMC Code of Professional Conduct + the individual's own licensing board	State rules of professional conduct

Note: Titles vary widely between firms and organizations. This table describes typical role boundaries, not a universal taxonomy. What governs any individual is their actual licensure, credential, and supervisory relationship—not their business card.

Why the Role Has Grown

The growth of the dedicated case manager position tracks the broader shift toward higher-volume personal injury practice. As firms have scaled client intake—

often through substantial marketing investment—the ratio of open files to attorneys has grown well beyond what an attorney can personally track file by file.

Legal industry employment data reflects the general contours of this trend. The Bureau of Labor Statistics projects that overall employment in legal occupations will grow at roughly the average rate for all occupations through 2034, with tens of thousands of openings projected annually across legal support roles.[3] In the PI-specific context, that broad trend shows up as firms hiring dedicated case management staff to absorb the operational and communication load that would otherwise fall to already-overextended attorneys and paralegals.

This is not simply a cost-saving measure, though it is partly that. A well-run case management function does three things that show up directly in outcomes:

It improves client experience. Clients get faster answers to routine questions, which reduces both anxiety and the volume of escalated complaints.

It protects case value. Fewer preventable interruptions in treatment documentation, fewer missing records at demand time, fewer liens discovered late.

It preserves attorney capacity. Attorneys spend their time on legal judgment—liability analysis, valuation, negotiation strategy—rather than status updates and records requests.

Firms that treat the case manager role as an afterthought—undertrained, under-supported, without clear escalation paths to attorneys—tend to produce exactly the failure modes this book is organized around: missed deadlines, unresolved liens, gaps in documentation, and demand packages assembled under time pressure with avoidable errors.

Where the Role Sits in the Firm

Reporting structures vary. Case managers typically report either directly to a supervising attorney, to a lead paralegal or paralegal manager, or—in larger firms—to a dedicated case management supervisor who reports to firm leadership.

The healthiest structures share two features. First, they give case managers genuine ownership of the operational and communication work that does not require a law license. Second, they give case managers a clear, fast escalation path to an attorney for anything touching legal judgment: settlement authority, legal advice to a client, strategic case decisions, or any fact pattern that could affect liability.

The chapters that follow are organized around exactly that division. For each phase of a case, this book asks three questions:

1. What does the case manager own?
2. What must always go to the attorney?

3. Where does the line between them sit, and how do you recognize when you are approaching it?

What Escalation Actually Looks Like

"Escalate to the attorney" appears so often in books like this one that it can become background noise—a phrase that means everything and therefore nothing. It is worth being concrete about what a good escalation actually contains, because the difference between a useful escalation and a useless one is substantial.

A **poor escalation** sounds like this:

> "The Reyes client called and I think there might be an issue with her neck. Can you take a look at the file?"

This tells the attorney almost nothing. It does not identify the fact, the source, the timing, or the reason it matters. The attorney now has to reconstruct the entire question from scratch, which is precisely the work the case manager was supposed to have done.

A **good escalation** sounds like this:

> "Flagging a fact on Reyes for your review. In her intake call she said she'd had 'some neck problems years ago.' I pulled her PCP records, and they show four visits for cervical pain between 2019 and 2023, with an MRI in 2021 noting degenerative disc disease at C5-C6. Her post-accident MRI last week also notes degeneration at C5-C6, along with a disc protrusion. I have not characterized this to the client and have not discussed causation with anyone. The records are in the file under Medical > PCP. Do you want me to request the 2021 imaging itself, not just the report?"

Notice what this second version does. It states the fact with specificity and source. It identifies the timeline. It explicitly confirms what the case manager did not do—no characterization to the client, no causation discussion—which protects the file and reassures the attorney. It offers a concrete next step that stays entirely within the case manager's role.

It also does not say "this hurts our case" or "this is a problem for causation." Those are legal conclusions. The case manager's job was to notice the fact, gather the underlying records, and hand the attorney a clean, well-organized question. The attorney's job is to decide what it means.

That pattern—notice, document, route, stop—recurs throughout this book. It is the fundamental operating discipline of the role.

How to Use This Book

This book follows the lifecycle of a case, and it can be read straight through as an onboarding curriculum. It can also be used as a reference, pulled off the shelf when a specific situation arises.

A few structural features are worth knowing about before you begin:

Every chapter ends with Key Takeaways. These are designed to function as a review, but also as a quick-scan refresher when you need to reorient without re-reading the chapter.

Every chapter ends with an Automation Opportunity. These describe how the workflow in that chapter can typically be supported by case management software. They are written to be vendor-neutral wherever possible, because the specific platforms change faster than books do.

Jurisdictional Variation callouts appear wherever the law differs meaningfully between states. This book covers general principles. It cannot tell you the rule in your jurisdiction, and it does not try. Where you see one of these callouts, treat it as an instruction to confirm the local rule with your supervising attorney before acting.

The Reyes File boxes follow one case from intake to closeout. They are the closest thing this book offers to watching an experienced case manager work.

The appendices contain the working forms—checklists, logs, trackers, and scripts—that turn the principles in these chapters into daily practice. If you are looking for something you can use tomorrow morning, start there and read backward into the chapter that explains it.

One caution, stated once and meant throughout: this book is not legal advice, and it is not a substitute for the direction of your supervising attorney. It describes general practice in a field where the governing rules vary by state and change over time. Where this book and your attorney disagree, your attorney is right.

The Attorney's Supervisory Obligation

One final structural point, which will recur throughout this book. The obligations discussed in Chapter 3—the prohibition on the unauthorized practice of law, the requirement that non-lawyer work be properly supervised—are, in the first instance, the attorney's obligations, not the case manager's. Under the ABA Model Rules of Professional Conduct, a lawyer with direct supervisory authority over a non-lawyer must make reasonable efforts to ensure that the person's conduct is compatible with the professional obligations of the lawyer.[4] When a case manager crosses a line, it is the supervising attorney whose license is exposed.

This is not a reason for case managers to be casual about the boundaries. It is a reason to understand them precisely. A case manager who knows exactly where the line sits protects four parties at once: the client, the firm, the supervising attorney, and themselves. And a case manager who is asked to cross that line—by a busy attorney, by an insistent client, by the ordinary pressure of a heavy caseload—is far better positioned to decline if they can explain, specifically, why.

Key Takeaways

- The case manager role grew out of the shift toward higher-volume PI practice and fills an operational gap that attorneys and traditional paralegal roles cannot absorb alone.
- Job titles are not reliable guides to legal scope. "Case manager" and "paralegal" are used inconsistently; what governs is the actual conduct, not the title.
- The CCM credential is a professional certification, not a clinical license. A medical case manager's authority to make clinical determinations derives from their underlying license, education, and organizational role—not from the CCM itself.
- Core law firm case manager functions span file ownership, client communication, medical coordination, documentation, and deadline management—but never legal advice, valuation, or settlement judgment.
- The obligation to prevent the unauthorized practice of law rests in the first instance on the supervising attorney, which is precisely why case managers should understand the boundary with real precision.

Automation Opportunity

Most case management platforms allow a firm to configure phase-based workflows that mirror the case lifecycle this book follows. The single highest-value configuration for a new case manager is understanding how the firm's system represents case phase or status, since that field typically drives task lists, deadline triggers, and reporting.

A useful early habit: audit your own files' phase fields monthly. Status fields drift out of sync with reality faster than almost any other data point in a case management system, and an inaccurate phase field silently corrupts every downstream report, reminder, and workload dashboard the firm relies on.

Chapter 5 discusses platform selection and configuration in more detail. Vendor references throughout this book are illustrative and do not constitute endorsement.

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