



TENNESSEE BUREAU OF WORKERS' COMPENSATION
220 French Landing Dr., 1B
Nashville, Tennessee 37243-1002
Website: tn.gov/workerscomp

CASE MANAGEMENT CLOSURE

Please **submit** the
Case Management Closure Form, (C-34)
via the CM/UR **Portal**:
<https://cmur.app.tn.gov/cmur/>

Paper copies will not be accepted.

Medical Case Managers who are
registered with the BWC
and have an active status
may access the CM/UR portal.

For additional information,
email wccase.management@tn.gov.



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EMPLOYEE INFORMATION

State File # _____ Date of Injury _____ County of Injury _____
Claimant _____ Social Security # _____
DOB _____ Sex _____ Occupation _____

EMPLOYER INFORMATION

FEIN: _____ Employer: _____
Street: _____ City: _____ State: _____ Zip: _____

INSURER INFORMATION

Insurer: _____
Insurer Address: _____
Insurer Claim #: _____ Policy Number: _____

Physician(s) Last Name First Name MD/DO/Chiro License#

The reverse side of this form must be completed or all applicable diagnosis (ICD9) and procedure (CPT) codes must be listed in the areas below.

Diagnosis: _____

Procedures: _____

Total Weeks Case Management Open _____ Date Case Closed _____

Total Cost of Case Management _____

Medical Savings \$ _____

How Saved:

_____ Negotiated provider/facility discount _____ Arranged home PT
_____ Avoided unnecessary ER visits _____ Prevented duplicate testing

Other _____

Indemnity Savings \$ _____

How Saved:

_____ Coordinated modified duty
_____ Facilitated early RTW
_____ Assisted in making claim no lost time

Other _____

Case Management Provider _____ Company # _____

Case Manager(s) _____ TN CM Registration #(s) _____

Closure Code _____ Date of RTW _____

Comments: _____

FORM C-34
DIAGNOSIS:
SPINE



	Cervical	Thorax	Lumbar
Strain/Sprain	847.0	847.1	847.2
HNP	722.0	722.11	722.10
DJD*	_____	_____	_____
Other*	_____	_____	_____

*Specify appropriate code(s)

Miscellaneous	
Burn(s)*	_____
Carpal Tunnel Syndrome	354.0
Inguinal Hernia	550.90
Rotator Cuff Tear	726.10
Torn Meniscus (Knee)	836.0
Epicondylitis*	_____
Other*	_____

*Specify appropriate code(s)

EXTREMITIES:

	Foot	Toe	Ankle	Knee	Hip	Finger
Strain/Sprain	845.10	845.13	845.00	844.9	843.9	842.10
Contusion	924.20	924.3	924.21	924.11	924.01	923.3
Tendonitis	727.06	726.90	727.06	726.60	726.5	727.0
DJD	715.07	715.07	715.07	715.08	715.05	715.04
Dislocation	838.00	838.09	837.0	836.50	835.00	834.00
Bursitis	726.70	726.70	726.70	726.69	726.5	726.4
Fracture*	_____	_____	_____	_____	_____	_____
Laceration*	_____	_____	_____	_____	_____	_____
Amputation*	_____	_____	_____	_____	_____	_____
Other*	_____	_____	_____	_____	_____	_____

*Specify appropriate code(s)

EXTREMITIES:

	Hand	Wrist	Forearm	Elbow	Arm	Shoulder	Other
Strain/Sprain	842.10	842.01	841.8	841.9	840.9	840.90	_____
Contusion	923.20	923.21	923.10	923.11	923.9	923.00	_____
Tendonitis	727.00	727.0	727.00	726.39	726.2	726.10	_____
DJD	715.04	715.03	715.03	715.08	715.02	715.01	_____
Dislocation	833.00	833.00	_____	832.00	_____	831.00	_____
Bursitis	_____	726.4	_____	726.33	_____	726.10	_____
Fracture*	_____	_____	_____	_____	_____	_____	_____
Laceration*	_____	_____	_____	_____	_____	_____	_____
Amputation*	_____	_____	_____	_____	_____	_____	_____
Other*	_____	_____	_____	_____	_____	_____	_____

*Specify appropriate code(s)

PROCEDURES:

	CT Scan	MRI	Other
Head	70450	70551	_____
FORM C-Spine	72125	72141	_____
T-Spine	72128	72146	_____
L/S Spine	72131	72148	_____
Coccyx	72131	72196	_____
Hip	73700	72196	_____
Pelvis	72192	72196	_____
Femur	73700	73720	_____
Knee	73700	73721	_____
Shoulder	73200	73220	_____
Chest	71250	71550	_____
Abdomen	74150	74181	_____
PHYSICAL	Yes	No	_____

Miscellaneous	
ACL Reconstruction	27407
Arthrogram*	_____
Arthroscopy Knee*	_____
Carpal Tunnel Release	64721
EMG Upper Extremity	95860
EMG Lower Extremity	95861
Fracture Repair*	_____
Hernia Repair	49505
Laminectomy Cervical	63001
Laminectomy Lumbar	63005
Myelogram Cervical	72240
Myelogram Lumbar	72265
Rotator Cuff Repair	23410
Other*	_____

*Specify appropriate code(s)