Name: _____ Date: _____

Case Management

A E Q B Y U T I L I Z A T I O N R E V I E W A T
F J G O T U Y Z Y C E W Z J D H A I N N T Q E L
Y L D S U F T X X B B N R X Q M E S I G H W S Y
M A V N D P A S A R M I O V L T W S X C X T K P
T P S Y D W A Y R F T K O H H G N S I Z M E V X
H T S P E O D W U E U B H D P H B R V S O Q E Y
A O L K I R J X A R L P I S S I J C N S D M K A
J P I H F K U G L N D E D X S V K L U L G G T X
Y A L J I E S O S X K K V A C J O E T I Y R V D
A M W C D R T E W Y U F C A T H Q I S B N M N N
E H N A O S E F N H P G S Y R E L O N E P M X E
O B K R M C R W X X G X D X L T S Z V R P S O R
F M X R P O U M M M F R V F B O Y J Y T H G H X
I L R I X M Q N K M W W L H D T P I N Y A Q S O
L E O E E P G J I I B T N L V Q A F I M E D Z T
N Y D R R E K S T T G N I N E D R U L U P A B I
M I S V H N P Y T P Y I U J X N E G F T C R S H
X L M E P S N R B N A O F S E B H Q G U L Q U B
K O W H T A J D W E U P S C H S T J D A O U W I
F M N R Z T M A F K B H F T U S M O M L X P P G
E B E T K I M W O M U C C U G T U Y S K M X U N
S R J X C O G U M M Y U K B K B R I Y S U Q S B
E V P U I N X O E T I O T X W I C A S Z F S U T
U T C L A I M A N T M T C Z Q W W D B I W B V F

WORKERS COMPENSATION
MODIFIED DUTY
ADJUSTER
THERAPY
LAPTOP
SFC
ODG
UTILIZATION REVIEW
TOUCHPOINT
CLAIMANT
UPDATE
UNITY
IME
MMI
LIBERTY MUTUAL
TRAVELERS
CARRIER
IPHONE
ESIS
TPA