

New Medical Treatment Guidelines

Keevily Sepro Whitelaw is excited to announce the implementation of the long awaited Workers' Compensation Medical Treatment Guidelines on December 1, 2010. This is a new mandatory standard of care for back, neck, shoulder and knee work related injuries, **regardless of the date of accident**. Goal of these new Medical Treatment Guidelines (MTG) is to:

- Create a **single standard** of medical care
- **Expedite quality care** for injured worker
- **Improve medical outcomes**
- **Speed up return to work**
- **Reduce disputes** between carriers and medical providers over treatment issues
- **Reduce overall system costs**

The program was tested over a year ago as a pilot program involving 1,400 actual workers' compensation cases. At the completion of the pilot program carriers and providers were questioned about their experience. 90% agreed that the communication improved and disputes were reduced. 85% also agreed that the injured workers were able to receive faster access to medical care.

The development of the Medical Treatment Guidelines was a key component of the 2007 workers' compensation reform. These guidelines are evidence based, supported by the strongest medical studies when possible, otherwise a consensus of experienced medical professionals. The Medical Director's Office is playing an important role in the administration of the education, training and implementation of the new guidelines.

All NYS medical providers who treat injured workers will be required to follow these guidelines. Three separate mailings were sent to medical providers to notify them of the December 1, 2010 changes. In addition, seminars regarding the Medical Treatment Guidelines are being offered to medical providers and their office staff throughout the State.

Currently the medical treatment guidelines will apply to injuries involving the back, neck, shoulder and knee only. Back, neck, shoulders and knees make up 60% of the workers' compensation costs. There are plans to add additional body parts in the future until all body parts are addressed by standard guidelines.

What does this mean for your employees?

The first thing your employees may notice is expedited treatment. If the treatment is to the **back, neck, knee or shoulder** and is consistent with and a correct application of the Guidelines the treatment is authorized, *eliminating the need to get pre-authorization for treatment of these body parts with the exception of 12 procedures.*

Under the new guidelines only twelve procedures will require pre-authorization:

Back and Neck

Artificial Disc Replacement
Electrical Bone Growth Stimulator

Back

Lumbar Fusion
Vertebroplasty
Kyphoplasty
Spinal Cord Stimulators

Shoulder

Anterior Acromioplasty

Knee

Chondroplasty
Osteochondral Autograft
Autologous Chondrocyte Implantation
Knee Arthroplasty (total or partial knee joint replacement)

Duplicate Surgery

The repeat performance of a surgical procedure due to failure of, or incomplete success from the same surgical procedure performed earlier, and if the medical treatment guidelines do not specifically address multiple procedures.

General Principals

Medical providers will be required to provide care for Workers' Compensation injuries involving the back, neck, shoulders and knees that are in a manner "consistent with the MTG". This will mean that not only will medical providers need to adhere to the recommendations within the MTG but also integrate the General Principles with specific MTG recommendations. There are 23 General Principles divided into 6 categories in the MTGs.

For example, under the Medical Care category the General Principles address documenting a patients' positive results to treatment, or if treatment is not effective modifying or discontinuing treatment. If a treatment is not producing positive results (that is, documented objective functional improvement), the carrier would have the right to deny payment for treatment continued in the absence of a positive patient response. So, although treatment such as physical therapy no longer needs authorization, medical providers must evaluate the injured worker throughout the course of the treatment for its effectiveness, in order to continue the treatment.

The General Principles also emphasize active interventions over passive modalities (for example: therapeutic exercise over manipulation). Passive interventions (such as manipulation, massage, joint mobilization, tissue mobilization, thermal treatment, infrared therapy, ultrasound) should only be used to support or facilitate transition to an active rehabilitation program. For example, when massage is recommended, it must be accompanied by exercise and patient education. Objective benefit (functional improvement along with symptom reduction) must be demonstrated and documented in the medical record for continued treatment.

Early Return to Work

The General Principles also indicate that the medical provider plays an active role in assisting the injured worker to return to work safely. This includes contacting the employer to discuss accommodations and/or light duty, working with the injured worker to plan for return to work to ensure that return to work is safe and appropriate. Early return-to-work should be a primary goal in treating occupational injuries given the poor return-to-work prognosis for an injured worker who has been out of work for more than six months.

Some other forms of treatment have also been limited:

- **Bed rest:** Only recommended for management of unstable spinal fractures.
- **Acupuncture:** Limited use for select patients with chronic back pain, when used as an adjunct to more efficacious treatments.
- **Biofeedback:** Limited use for select patients with chronic back pain, when used as part of an interdisciplinary approach.
- **Radio frequency neurotomy, neurotomy and facet rhizotomy:** May be considered as procedures of last resort in patients with chronic low back pain, and maybe indicated for patients in whom facet joint injections have been therapeutically successful.

Keevily has trained their claim staff in understanding the new Medical Treatment Guidelines. Through continuous education and understanding of all the changes in the workers' compensation system, Keevily is able to remain an integral part of your workers' compensation program. Our claims team is overseeing your cases to ensure all the benefits of these changes are being utilized and your employees' cases are being handled effectively.

You can read more about the new MTG on the NYS Workers Compensation Board website, <http://www.wcb.state.ny.us>.

Or you can contact your Keevily claims team with any questions:

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