

# Practice Directive 23

## Claims Management and Board-Sponsored Rehabilitation Programs

Date: May 16, 2000

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### Purpose:

A recent review of the Board's claims management process, together with changes in rehabilitation programs offered, necessitates an update to Practice Directive #12, Claims Management and the Continuum of Care.

Practice Directive #23 is designed to assist Board Officers in the effective management of injured workers' claims. In particular, this directive is intended to confirm that:

- Board Officers are responsible for deciding whether a worker is a candidate for one of the rehabilitation programs;
- Board Officers determine which program will be most appropriate for the worker; and
- this is achieved through a consultative process with an emphasis on early intervention and, where necessary, team meetings.

### Practice Directive #23 rescinds Practice Directive #12.

Following a brief introduction, this directive is divided into the three following sections:

1. Adjudicative Procedures;
2. Referral Process; and
3. Rehabilitation Program Descriptions.

### Introduction:

Following a workplace injury, one of the Board's primary goals is to ensure successful rehabilitation and return to safe employment. Board Officers work with the worker, the employer, the union representative and the attending physician to arrange the return to work plan and ensure that it is safe for the worker. Board approved return to work plans are preferred, especially when the employer has an established Disability Management Program.

In certain cases, however, a worker is unable to take part in one of the return to work options. Due to the nature of the injury, the work duties involved, and/or the inability of the employer to offer a return to work option, it may be appropriate for the worker to attend a rehabilitation program before considering a return to work.

These rehabilitation programs involve Board Officers, workers, employers, attending physicians and health care providers in a collaborative effort aimed at improving workers' recovery and preventing lengthy disability. Many of these programs also include gradual or modified return to work components.

## **ADJUDICATIVE PROCEDURES**

1. The Board Officer is responsible for the management of the claim.
2. The Board's primary goal is safe and early return to work. Where medically appropriate, the preferred means of rehabilitation is through modified or graduated return to work, or selective/light employment. Staff are advised to refer to *Rehabilitation Services and Claims Manual* ("RSCM") Policy items #34.11, *Selective/Light Employment* and #35.11, *Procedure for Determining Whether Worker is Temporarily Partially Disabled*, for further guidance on return to work arrangements.
3. Return to work options can be considered at any time, including during the course of a rehabilitation program. In fact, many rehabilitation programs incorporate modified/graduated return to work duties as part of the rehabilitation treatment plan. The Board Officer should therefore maintain contact with the employer to determine availability of suitable modified/graduated return to work.
4. Where a safe, early return to work is not an option, referral to a rehabilitation program should be considered. Where the diagnosis remains unclear, or it is uncertain whether a worker would benefit from a particular rehabilitation program, the Board Officer should consult with a Board Nurse Advisor, Board Medical Advisor or discuss the file at a team meeting.
5. A Medical Advisor may consider that a referral to the Visiting Specialist Clinic is appropriate to clarify the diagnosis. This referral should be discussed with the Board Officer. If a referral is made, the Board Officer should provide the worker with a letter to advise that the Visiting Specialist Clinic will be contacting him or her and that the purpose of the referral is to clarify the diagnosis. The Board Officer must inform the worker that entitlement to further benefits and treatment will be adjudicated once the consultation report is reviewed.
6. The Board Officer, in consultation with Board Medical staff and the attending physician, should determine whether a referral to a treatment program is appropriate. For example, it may be more appropriate to continue with physiotherapy for a short duration in conjunction with a return to work plan, rather than referring the worker to a treatment program.

7. As part of the referral process, the Board Officer should advise the program clinicians of both the worker's expected vocational outcome and the availability of modified/graduated return to work duties.
8. Before discharge from any program, the Board Officer should obtain the discharge recommendations from the program clinician. Specifically, the program clinician must advise the Board Officer if there is any indication that upon discharge the worker will remain medically unfit for full, pre-injury duties.

If there is such an indication, the Board Officer must then determine whether the worker would benefit from additional rehabilitation and/or modified/gradual return to work. The Board Officer is assisted in this decision-making process through consultation with Board Medical staff, and where appropriate, the clinician, attending physician, employer and union.

9. If a recommendation is made for a referral to an Interdisciplinary Pain Program (IPP), the Board Officer must consult with a Board Medical Advisor and Board Psychologist at a team meeting. If, following the team meeting, a referral is made, a pre-admission conference call should be made to the IPP team. The Board Officer must clearly delineate entitlement issues such as wage loss and vocational rehabilitation referrals, as well as outcome expectations. Board Officers are advised to refer to RSCM Policy item #22.33 *Psychological Problems/Chronic Pain Problems* for further guidance on psychological and pain problems.
10. Team meetings are essential for the effective management of a claim. Situations where team meetings are recommended include:
  - Where it is currently unclear what medical condition remains as a result of the injury;
  - Indication that upon completion of any of the treatment programs, the worker will be unable or unsuccessful in returning to pre-injury employment;
  - Recommendation is made for a referral to IPP; or
  - It appears that on completion of a rehabilitation program, significant, non-compensable issues (medical/psychosocial/ vocational) will prevent the expected full return to work outcome.
11. The expected outcome on completion of IPP is fitness to return to full, pre-injury job duties. The Board Officer shall communicate this to the worker upon admittance and prior to discharge.

There may be cases, however, where due to the complex nature of the compensable condition, the worker may be unable to return to pre-injury employment. These cases include:

- The worker has suffered a permanent physical or psychological impairment due to the work injury;

- The worker is at undue risk of permanent disability due to vulnerability; or
- The worker is at undue risk of increased permanent disability.

In these situations prompt referral to a Vocational Rehabilitation Consultant and Disability Awards is required.

12. Where the rehabilitation program assesses the worker fit to return to work, based on documented, definitive, objective clinical evidence, and the worker does not return to work, the Board Officer must weigh the evidence from all sources to determine entitlement to further benefits. If the Board Officer determines that the compensable aspects of the condition have resolved to the extent that the worker is able to meet either the pre-injury job demands or alternate work accommodated by the employer, temporary disability benefits should be concluded.
13. Upon discharge from a program, the Board Officer must provide a decision letter to the worker and employer detailing fitness to return to modified or full employment, or referral to a subsequent treatment plan. The Board Officer must also communicate decisions on benefit entitlement in this decision letter and, where possible, by telephoning the worker and employer.

## **REFERRAL PROCESS**

The Board Officer is responsible for determining whether a worker is an appropriate candidate for referral to a Board-sponsored rehabilitation program. While Board Officers are the primary referral source, the Officer may consider recommendations from the following sources:

### **1. *Early Intervention Program System (“EIPS”)***

If there is no documented return to work plan on the claim, the EIPS Service Expeditor will identify and contact workers who may benefit from early intervention and a Work Conditioning Program (“WCP”) assessment. Once the Service Expeditor receives the approval from both the attending physician and Board Officer, arrangements are made for the referral to a WCP. Cases where the attending physician does not give approval or cannot be contacted, are brought to the immediate attention of the Board Officer. All referrals to WCPs are processed through EIPS.

## **2. *Physiotherapist***

The Board recently entered into a new Physiotherapy Agreement with private physiotherapists in the province. Under this Agreement, where it becomes evident at 3 weeks of physiotherapy or 12 treatments, that the worker will not be fit to return to work after completing 4 weeks or 16 treatments of physiotherapy (or will require further/alternate treatment) the physiotherapist must submit a report to the Board. The report is accompanied by a treatment plan. The physiotherapist may recommend further physiotherapy for specified duration, modified/graduated return to work, or admittance into one of the Board-sponsored rehabilitation programs.

## **3. *Attending Physician***

Attending physicians may recommend a referral to any rehabilitation program by either contacting the Board Officer, by indicating a preferred treatment program on the Form 8 or Form 11, or by responding to the EIPS letter. The attending physician may also make a recommendation that the worker is fit for full, modified or selective/light duties.

## **4. *Attending Physician Declines Referral***

If the attending physician either fails to respond to the Board's request for approval or declines to refer a worker to a rehabilitation program, Board Officers are advised to take the following steps:

- i. The claim is referred to a Nurse Advisor for initial clinical contact with the attending physician. If contact is successful and the referral supported, the worker is referred to an appropriate rehabilitation program.
- ii. If the Nurse Advisor is unable to address the attending physician's concerns, the claim is referred to a Medical Advisor who contacts the attending physician directly. If the Medical Advisor and attending physician resolve the outstanding treatment issues, either a referral to the rehabilitation program occurs or the Medical Advisor confirms the inappropriateness of the particular rehabilitation program and recommends an alternative treatment plan or program. This is documented in a log entry and sent with a message to the Board Officer.
- iii. If contact by the Medical Advisor does not resolve the attending physician's outstanding issues and no objective reasons can be identified for not referring the worker, a Medical Advisor will recommend a referral to an appropriate rehabilitation program. In some cases, the Medical Advisor may conduct a medical examination. The Medical Advisor will prepare a log entry and message to the Board Officer documenting contact or attempted contact with the attending physician, any input

received from the attending physician and the Medical Advisor's opinion on the clinical needs of the worker.

## **REHABILITATION PROGRAM DESCRIPTIONS**

### Work Conditioning Program ("WCP")

WCP is designed for workers with soft tissue injuries, resolved surgeries or resolving fractures. The goal is safe and early return to work. Objectives are to restore function to the area of injury and promote physical fitness by improving flexibility, strength and aerobic fitness. Education is a key component, focusing on such aspects as the process of soft tissue healing and the benefits of appropriate activity. The estimated program duration is 3 to 6 weeks.

Workers referred to WCP receive an initial assessment prior to admittance. The therapist provides the Board Officer with recommendations, including:

- fit to return to full, pre-injury duties;
- fit for modified/graduated return to work (possibly in conjunction with WCP);
- recommendation for referral to another treatment program; or
- admittance to WCP for specific duration.

### Activity Related Soft Tissue Disorder Treatment Program ("ASTD")

The ASTD program provides treatment for workers suffering from non-traumatic soft-tissue injuries. The program is multidisciplinary, up to 30 days in duration and often includes a modified or graduated return to work component. Prior to admittance, a work site evaluation must be performed for the purposes of work reintegration.

A detailed functional job analysis is conducted and an ergonomic intervention report, identifying the risk factors associated with the job demands, is provided.

### Occupational Rehabilitation Program ("ORP")

ORP is designed for workers with physical, functional, behavioural and/or vocational barriers to return to work and who would benefit from a team approach to treatment. The team includes an occupational therapist, physical therapist, consultant physician and psychologist. Workers referred to ORP receive an initial assessment prior to admission to identify barriers to return to work.

The program includes clinical treatment, strengthening and conditioning exercises, group activities, real or simulated work activities and education. Individual psychological counselling is also provided, when indicated by the program physician. The program is a maximum of 10 weeks, however, the estimated average program duration is 6 to 8 weeks.

### Medical Rehabilitation Program (“MRP”)

MRP is an interdisciplinary program for injured workers who require ongoing medical management of recent injury-related problems. The team consists of physicians, physical therapists and occupational therapists who provide clinical evaluation, medical investigation, education, physical reconditioning, and physical and functional rehabilitation. MRP also offers specialized amputee services and a lower limb orthotic clinic. MRP patients who have recovered sufficiently to participate in WCP or ORP may be referred back to these programs. The estimated program duration is 2 to 4 weeks.

### Hand Program

The Hand Program treats workers who suffer traumatic hand and/or wrist injuries, burns and post-surgery ASTD's. Individualized treatment is provided by therapists with specialized knowledge of hand injuries. Treatment begins as soon as possible after the injury or surgery and continues through to return to work. Referrals may be made directly by the surgeon. Other services provided include medical consultation, splinting, pressure garments and other special services as requested. The estimated program duration is 6 to 8 weeks.

### Interdisciplinary Pain Program (“IPP”)

IPP is designed to help injured workers whose pain has not responded to traditional medical treatment. The IPP team assists workers through physical strengthening exercises and education, and limited vocational rehabilitation services for entitled workers. There are two types of pain programs:

- The Early Pain Program is offered to workers who have recently developed pain issues and is 4 to 6 weeks in duration.
- The Chronic Pain Program is designed for workers who have compensable drug dependency and/or chronic pain issues, and generally are more than 1.5 years post-injury. The Chronic Pain Program is 6 to 8 weeks in duration.

Where there is a clear need for an inpatient program, extensive consultation must take place between the Board Medical Advisor, Specialist, Board Officer and Manager of IPP. The Manager of IPP must approve all recommendations to inpatient programs.

## ASSESSMENT UNITS

### Head Injury Assessment Unit

The Head Injury team of physicians, therapists and neuropsychologists specializes in assessing the effects of head injuries. Head injuries can range in severity from a mild concussion to severe brain injury. The team assesses the worker and then develops an

individualized plan for each worker. The assessment varies from 1 to 10 days depending on the type of assessment requested in the referral.

### Functional Evaluation Unit (“FEU”)

The FEU provides evaluation services for workers who have suffered injuries that might affect their employment opportunities. A team of vocational evaluators and health care professionals assess workers’ abilities to perform certain work functions. Injured workers explore their physical tolerance in a variety of real and simulated work settings. Taking into consideration workers’ individual needs and preferences, a comprehensive picture of their vocational potential is developed. The estimated program duration varies from 2 days to 2 weeks depending on the type of assessment requested in the referral.

The FEU also produces baseline functional capacity measures for non-occupational investigations.