

PROCEDURE NUMBER: 17.00

Subject: Physiotherapy

**Reference: Workplace Health Safety and
 Compensation Act (the Act)
 Sections 84, 85 and 89.
 Policy HC-01 “Physiotherapy
 Services – Private Clinics”;
 Memorandum of Agreement for
 the Provision of Physiotherapy
 Services to Injured Workers.**

Approved: _____
for Management Committee

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A. INTRODUCTION

The Commission has a statutory obligation to provide the medical aid that, in its opinion, may be necessary as a result of the injury. The supervision and control of medical aid shall be determined by the Commission. Physiotherapy which promotes early intervention and facilitates early and safe return to work is a form of medical aid supported by the Commission subject to the guidelines established in the policy and the Memorandum of Agreement for the Provision of Physiotherapy Services to Injured Workers (MOA).

For the purpose of this procedure, the term "decision-maker" refers to the appropriate Intake Adjudicator or Case Manager who is responsible for the claim at any given time.

This procedure does not apply to physiotherapy services provided by "Out of Province" Clinics.

B. NOTIFICATION OF PHYSIOTHERAPY

To avoid delays in providing treatment to injured workers, automatic approval is granted by the Commission in the following cases:

- i. For new injuries, up to 12 treatments is approved where the injured worker presents to the clinic within two weeks from the date of the new injury. A physician referral will be required where an injured worker initially presents to the clinic after two weeks following the date of the new injury.
- ii. For a reinstatement of benefits for an injury (i.e. reinstatement is within 12 months of the original injury) up to six treatments is approved with or without a physician referral. A physician referral will be required where an injured worker initially presents to a clinic after two weeks following the date of reinstatement. For recurrences (i.e. beyond 12 months of the original injury) a physician referral will always be required.

In both cases, the initial assessment is included as the first treatment under the purchase order.

The Initial Assessment Report (P1) serves as the request for a purchase order number. Therefore, a purchase order number will not be issued unless the P1 has been received by the Commission.

Reporting requirements and fees payable for services will be provided in accordance with the Memorandum of Agreement between the private physiotherapy clinic and the Commission.

C. PHYSIOTHERAPY ON CLAIMS AWAITING DECISIONS

When a physiotherapy request (P1 Form) is received on a claim awaiting an entitlement decision, a purchase order number will be issued to allow treatment to begin. If a claim has not been set up for that worker when the P1 is received, a claim number will be assigned so that physiotherapy approval can be given and treatment can proceed. The Commission will then initiate requests for other information needed for adjudication of the claim. The P1 is put on hold under the status “invoice only” while the claim documentation is being gathered.

D. PHYSIOTHERAPY ON DENIED CLAIMS

When physiotherapy has been provided on a claim that is subsequently denied by the decision-maker, treatments provided up to and including the date the clinic receives notification of the denied claim will be approved.

The date of notification is the date the decision-maker calls the clinic and the worker to advise of the decision to deny earnings loss benefits. The decision-maker must record this date as well as the name of the contact person at the clinic on the file and the computer, where it is readily available for future reference.

E. FREQUENCY OF TREATMENTS

The frequency of physiotherapy treatments is at the discretion of the physiotherapist and should be appropriate to the type of injury, the stage of recovery, the working status, and the treatment goals and approach.

The decision-maker may consult the Physiotherapy or Medical Consultant(s) when the rationale for a specific treatment schedule is unclear.

F. EXTENSIONS

If the treating physiotherapist feels an extension may be necessary, he/she will submit a request for extension form P2 no later than the 9th treatment to ensure continuity of treatment. Extensions will not be granted until this fully completed form has been received and reviewed by the decision-maker in consultation with the Commission's Physiotherapy Consultant. Incomplete and/or illegible forms may be returned to the clinic by the image processing division before the forms are referred from that division to a decision maker for review.

In determining whether to approve a request for extension, the decision-maker must review all the information on the extension form and must consider the following factors:

- i. the worker's functional improvement to date;
- ii. the reason for, and amount of, the extension requested;
- iii. the functional goals expected as a result of extended treatment;
- iv. the potential for return to work, participation in suitable employment and/or an occupational rehabilitation program as a result of extended treatment;
- v. the nature of the worker's employment;
- vi. in the case of severe injuries, whether medical evidence demonstrates that extended active treatment will result in further functional recovery, and,
- vii. other relevant issues that may impact the worker's progress.

Extensions will not be approved where:

- further functional improvement is not expected and continued treatment is solely for temporary symptomatic relief; or,
- where extended treatment is passive in nature, or is such that it can be carried out through a home exercise program.

In cases where the evidence is inconclusive or conflicting, the decision-maker may seek input from the Commission's Physiotherapy Consultant. The Commission's Medical Consultants are also available to provide medical opinions, where required. The administrative decision to approve or deny a request for an extension rests with the decision-maker.

Where the request for extension is approved, the existing purchase order will be revised accordingly and issued to the clinic. If the worker changes clinics, a new purchase order will be issued.

If a decision regarding the approval of an extension has not been provided to the clinic within five business days from the date of the request, the Commission will cover the cost of treatments given up to the date that the Commission provides a decision on the request for an extension. The system will automatically issue a revised purchase order for either the number of additional treatments requested or 12 treatments, whichever is less.

Where a request for extension is denied, the clinic will be advised in writing, copied to the worker.

Where a request for an extension is received on a Health Care Only claim, the request will be decided by the person responsible for the claim at the time of the request (either the decision maker and/or the client service assistant) will decide in consultation, as required, with the Physiotherapy Consultant.

G. HEALTH CARE CONSIDERATIONS

The decision to grant automatic approval of physiotherapy treatment in accordance with the MOA and Policy HC-01 relates only to physiotherapy entitlement. It does not mean that entitlement automatically exists for other health care services or expenses, such as prescription drugs, TNS units, etc. Entitlement to other health care benefits will be decided in accordance with the appropriate policy and/or MOA for those services and/or expenses.

Costs related to travel and board associated with physiotherapy will be considered in accordance with the Commission's policy on Travel and Accommodation Allowances (HC-07).

H. DELAYS

The prompt delivery of physiotherapy treatment is essential to successful recovery from the work injury. To facilitate co-operation requirements under early and safe return to work, the worker is expected to contact the clinic within 72 hours of receiving a referral for physiotherapy and the clinic is expected to commence treatment within two weeks of receiving the referral.

The Commission will communicate these early intervention requirements to physicians, physiotherapists, employers, and workers through publications and information brochures.

If there is documented evidence that a worker was advised of this 72 hour requirement but did not adhere to it, any subsequent delay will be considered within the provisions of EN-17 "Interruptions and Delays in Work Injury Recovery" and the potential impact on early and safe return to work under policy RE-02 "The Goal of Early and Safe Return to Work and the Roles of the Parties". The real merits and justice of the case must be considered.

If the clinic foresees a delay in commencing treatment, they must notify the Information Officer or the decision-maker immediately. An Information Officer who receives such information will ensure it is forwarded to the decision-maker as soon as possible.

If after considering the circumstances of the delay, the decision-maker decides to refer the worker to another clinic, any additional costs related to travel/board will be considered as per Section G - "**Health Care Considerations.**"

I. POTENTIAL WORKER NON-COMPLIANCE:

Where the treating physiotherapist judges the worker to be non-compliant, the physiotherapy clinic must telephone the Information Officer and provide the following:

- a. the worker's name and claim number;
- b. the number of treatments already provided;
- c. the reason given by the worker for missing appointments, and
- d. any other information relative to potential non-compliance with treatment.

The Information Officer will refer the information to the appropriate decision-maker on a priority basis.

The decision-maker must consider the facts related to the potential non-compliance issues and determine entitlement in accordance with Policy EN-17 “Interruptions and Delays in Work Injury Recovery” or RE-02 “The Goal of Early and Safe Return to Work and the Roles of the Parties.”

J. DISCHARGE FROM PHYSIOTHERAPY

When a worker is discharged from any physiotherapy program, the clinic must fully complete and forward the appropriate form within the timeframe outlined in the MOA. This will coincide with the completion of the treatment goals established at the time that the physiotherapy program was approved by the Commission. The system will automatically inactivate the purchase order denying any future treatments from that point. The form is to be reviewed by the decision-maker to determine the discharge status; whether the goals of treatment were achieved, whether the worker was recommended for work or labour market re-entry and whether any other action is warranted.

K. RECURRENCES AND REINSTATEMENTS

In accordance with the MOA and Policy HC-01, to avoid delays in providing treatment to injured workers, automatic approval is granted by the Commission for up to six treatments after a reinstatement of benefits for an injury, with or without a physician referral. A physician referral will be required where an injured worker initially presents to a clinic after two weeks following the date of reinstatement. For recurrences (i.e. beyond 12 months of the original injury) a physician referral will be required.

Procedure Amendment History:

	<i>Effective Date</i>	<i>Approved</i>
<i>Original Procedure</i>	1987 06 25	1987 06 25
<i>Revision #1</i>	1993 11 05	1993 11 05
<i>Revision #2</i>	1998 12 18	1998 12 18
<i>Revision #3</i>	2006 01 01	2006 05 09