Washington State Department of Labor & Industries

Therapy Stakeholders Group Meeting
March 14th, 2016 Tukwila Service Location, 12:30 p.m. – 3:30 p.m.

Present:

Therapy Members: Theodore Becker – EPI , Christina Casady – Capen and Associates, Josh Cobbley – Northwest Return to Work, Cheryl French Nevin – Olympic Sports and Spine Rehabilitation, Terry Moon – Pacific Rehabilitation, Jim Strandy – Summit Rehabilitation, Lynda White – MVP Physical Therapy

Audience Members: None

LNI: Sarah Martin – Project Manager/Chair, Stacy Bonfield – Project Administrative Support, Karen Ahrens – Project Lead

Updates

- L&I Authorization:
  - Not all claim managers are using the new authorization system so some workers may not be getting the FCE letter/fact sheet/travel reimbursement form, and the FCE clinic may not be getting Claim account center access. Additional staff training is underway to improve the use of the system.
  - FCE timeliness has improved on average.
  - If the worker no shows to the FCE, please contact both the CM and VRC.
- Complex Evaluation:
  - Management supported the concept of complex tests. This will be an agenda item at our next TSG meeting.
  - Member comments:
    - Because a longer test means more data to sort/evaluate, it may take longer to generate the report. Members asked to consider extending the report summary due date past the 10 days.
    - Criteria: Consider using ICD10 diagnosis codes. There may be a limitation as the diagnosis may not be claim related.
    - Agreement that the complex eval would be the exception and not the standard.
    - Expectations need to be defined. Is this to allow for a test/retest format by repeating 2nd day exactly as first day or is this for additional testing such as upper extremity focus on day 2. Details being considered.

- Pain Scales/Culture (follow up from prior meeting):
    - Scales with Pain interference with function is preferred by L&I over a standard pain scale and is more cross culturally relevant.
        - Example: McGill, L&I's Guideline on Opioid dosing: Tools for assessing function and pain.
    - Canadian Effective Pain Scale was mentioned as it has an A-E scale.
- Project website will be revised soon to incorporate all of the new resources and forms.
- Meeting Minutes for 1/20/16 were finalized, posted on website. Handout provided. One correction noted and will be made.

FCE Standards

Let members know that a letter was going out to all FCE providers in WA State. We are asking FCE providers to start using the new form and following our standards. It will be mandatory as of July 1 as that is when our medical aid rules/payment policy updates are implemented.
All state fund claims: follow standards; All state fund claim, in state providers: also required to use the summary form. At this time, optional for self-insured employers.

FCE Standards for FCE clinics and VRCs draft handed out.

Discussion:

- Not all members contact the IW the next day of the FCE to find out their pain/function level. Those that do ask for feedback in writing or have office staff document their report. Important to set expectations that they will be sore the next day.

- Concurrence: Agreement to add to concurrence "of the report" that the clinic does not ask concurrence for.

- Make guideline clear about a therapy clinics role in how to pursue treatment recommendations. At minimum, it needs to be under separate cover. Member asked L&I to consider creating a standard template for therapy clinics to use.

- No FCE if recent WH/SIMP: updated language needed to include within 6 months unless there has been a change in medical condition. Add this requirement also to the VRC standards to not ask for an FCE when this criteria is met.

- Let members know that the JA form on the L&I website is a suggested format and not mandatory. It was recently updated so the language better aligns with the APF and FCE documents.

UE Resource
Handout reviewed based on prior meeting brainstorm. To act as a resource document for FCEs that includes an upper extremity emphasis. Members discussed changes that need to be made and will be reflected in the next draft.

Vibration – how to test for this remains a challenge

Member Agenda Items

RCW 51.32.095: Provided members with copy of VRC priorities which directs VRC referral activities.

Nonconsecutive FCEs: Follow up testing needed after the initial FCE

- Discussion when there are less than 3 hours of direct testing. Either therapy visit or prorate the FCE fee. Member consensus was to prorate the fee and leave it up to the clinic to determine the percentage. This is because the purpose of the visit is FCE related and it requires more administrative work. The percentage may vary.
- Limit to one time per FCE. Concerns raised that this could go on and on if not limited.
- If 3 hours or more, they would bill another FCE fee.
- Would not be billable if therapist had an oversight and missed a portion of the test.

Cardiorespiratory – Work physiology – Member generated handout.

- Clarified that heart rate reserve is a subset of work physiology. Current draft document needs to be updated:
  Work Physiology
  a. Heart rate reserve- light to heavy jobs
  b. Biomechanical – sedentary jobs
  Observational
- Member consensus that evaluating full time capacity needs to be included in an FCE.
- Many factors go into full time capacity and one is cardiorespiratory capacity.
- Without a standard protocol, there is concern of misuse or misinterpretation.
- Members agreed that a simple protocol needs to be created around work physiology research.
  - Beneficial to include calculator used by the evaluator that will calculate the formula. The protocol will include a defined circuit.
  - Members would like to define safety parameters for testing to include heart rate and blood pressure.

  - Light work = 16 minutes; Medium = 28 minutes; If Sedentary job, this protocol is not used.
  - No rest, "job specific pace". Helpful if JA describes cycle time.
  - Job specific circuit or "generic circuit"?
  - Ensure not over-testing
  - Plan: Subset of members and L&I will create a draft protocol.
- Full Time vs Part Time Capacity: Discussion by members around how to they document capacity. Do you note part time at the JOI level or do you note full time but at a lower physical demand level. Many downgrade the job to allow for an 8 hour day. Depends upon the return to work plan. If there is a graduated job to go back to, it would help define the initial duration. If no return to work and full time work pattern, you would downgrade the capacity to match full time work. More discussion needed around this topic to provide clarity/consistency to evaluators.
- Consider using the ADAA guidelines for what can be used to say a person "can't perform work.
- Consider adding the DASH and LEFS if they can be used as single episode interpretations. (under the musculoskeletal/psychosocial questionnaire section)

Next Meeting: May 23rd, 2016