Washington State Department of Labor & Industries

Therapy Stakeholders Group Meeting
September 28, 2015 Tukwila Service Location, 12:30 p.m. – 3:30 p.m.

Present:

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

Audience Members: Morgan Henry

LNI: Ryan Guppy – Executive Sponsor, Sarah Martin – Project Manager/Chair, Lauren Royer – Project Administrative Support, Rich Wilson - Project Director, Karen Ahrens – Project Lead

Updates:

- Claim Unit training completed: Claim units were provided with training on the FCE changes.
- My Secure L&I 2 step authorization being implemented soon.
    - Pertains to an individual signing in. If indicated, the system will require a single access code. Similar to banking systems.
- Voc Stakeholder Group – Confirmed the new guideline will be a maximum of 5 JAs for review during an FCE. The VRC would need to call to explain why if more than 5.
    - Any complaints or issues with a VRC? See if it can be resolved with the VRC. If not, call the CM.
    - Comment made: Difficult for an evaluator to test all of the necessary demands when the JAs are significantly different.

FCE Forms Pilot:

Review of Version 3 of the FCE Summary form. Discussed proposed changes.

- Work Pattern received box – considered but doesn't seem to add value.
- Projected Work Tolerance – Clarified that this is where the evaluator fills in the amount of time you think the worker can tolerate.
- What if seasonal work pattern – provide projected work tolerance regardless if just seasonal work.
- 2 jobs? L&I considers up to 40 hours maximum regardless if the individual worked more hours or multiple jobs.
- Signing off on JAs- pilot participants noted not much pushback. Some comments by VRCs. No comments by APs. Some are using a cover sheet or calls to explain. Self-insured- may ask for this which is ok. SI also asking for DOT and PDL. There may be some variation with state fund and SI procedures.

- One member mentioned concern about not providing results on the grid with low effort tests. We will test how this goes and make changes in future if necessary.
- When grid not completed box: Group considered wording options.
- Mentioned the challenge to fully assessing sitting and standing when the worker has 2 distinct types of jobs. Limited time to assess all of this within 4-6 hours
- Inquiry about sit/stand durations. Noted that you need to take into consideration that the individual is taking their required breaks. If not restricted, just write that in the comments section. Or you can use the old method of indicating 2 hours at a time and 8 hours per day to indicate it is not restricted.
- Consensus: Did not want to include the suggested: full effort perceived by the evaluator
- ICD 10 codes are not required. Just put injury description.
- When RTW conclusions cannot be made: some clinicians still use a grid as it is part of their system's standard report format. We just want to make sure that this information does not become the individual's maximum abilities. Ok to include in body of report but just not in the report summary.
- Version 3 will be sent out. Please start using.
- Confirmed that if there is a job match with a low effort test, put this in the additional comments section.
- For a low effort test, is there a place to put RTW conclusions? Additional comments section, but you have to be cautious.
- AP restrictions section: members supported changes.

Level of Effort Testing Options
Members had the opportunity to describe the method they use to determine level of effort and consistency and other members could ask questions.

Consensus: To properly account for level of effort, there must be multidimensional testing. Rapid exchange and 5 position test should not be used as standalone methods per research.

Options for multidimensional testing:

1. Observational
    - Hard signs
        - sweating, face redness, increased breathing rate
        - Body mechanics (breakdown/substitution), posture, accessory muscle use
    - Soft signs
        - Competitive effort, engaged in activity
    - Verbal matches physiological behavior
    - Behavioral is consistent with physiological
    - Looking for symptom exaggeration/behavioral overreaction

2. Consistence of testing performance – look for inconsistencies
    - Distraction based testing
    - Placebo/Waddle
    - Test retest – redundancy testing 3 times
    - Range of motion – comparing active versus passive motion, differences with demonstrated tasks
    - Manual Muscle testing –give way response
3. Heart Rate Monitoring- Heart rate analysis/response- large muscle group activity causes an increase in heart rate. HR greater than 30 beats of resting.
    - Limitation: Medications affect heart rate
4. Isometric JAMAR grip testing –rapid exchange, 5 position, higher order procedure (gripping bilaterally simultaneously)

Comments:

- Recommend that an assistant should not be used to help with testing.
- Same person should be observing to identify the behaviors.
- If testing done by both OT and PT - They look for and discuss discrepancy in behaviors.
- Discussion around Heart Rate – if 110 resting HR = go to the Emergency room = tachycardia. Does require clinical judgement due to patient history of normal values.
- Avoid use of a treadmill – it requires motor skill adaptation plus ASCM recommends it not be used for many diagnoses.

Cardiorespiratory Endurance Testing Options
Members had the opportunity to describe the method they use.

Options Described:

1. Heart rate reserve – using MET levels based on heart rate response.
    - Methods:
        - 20 minute work circuit x 2
        - Step Test
        - 10 minute walk test
        - Treadmill testing
        - Test/Retest
        - 6 minute walk test
        - Valpar
        - Modified Bruce test
        - Walking

- Appears to be different calculations used by members to develop conclusions.
    - Kodak: 35bpm + resting for a determination of continuous work, and 55 bpm + for frequent work (ie 320 minutes in a 480 minute day, ie from US Department of Labor Dictionary of Occupational Titles, Appendix on physical characteristics of work.)
    - 40% clinically adjusted model – 75% maximum projected heart rate.
    - Others methods not yet described

2. EPIC test
3. Observed physical signs, fatigue
4. Ergo science – System uses a proprietary algorithm to include: monitored HR and physical deviations combined.

Comments:
Concern raised with using Pile test. Noted 20 seconds to predict full time work. 60% lifting total weight, observational.

FCE Evaluator Training:

- FCE workshops start in October.
- Reviewed the draft Definitions document. Group made changes to some of the definitions. Document will be finalized and posted. It will remain a working document to account for future changes/additions.

Round Robin:
Healthy worker 2020 – noted that this is an effort by L&I that includes physical medicine, chronic pain. Just in the beginning stages.

Next Meeting: November 30th, 2015