



## Therapy Stakeholder Group

## Meeting Minutes

July 25th, 2016, 12:30–3:30 pm  
L&I Tukwila Office  
12806 Gateway Dr S Tukwila, WA 98168

### External Members - Attendees

Cheryl French Nevin – PTWA, Olympic Sports  
and Spine Rehabilitation  
Christina Casady, Capen and Associates  
Barbara Harrington, Peoples Injury Network NW

Jonathan Harrison, NW Work Options  
Terry Moon, Pacific Rehabilitation  
Lynda White, Meridian Physical Therapy

### L&I Attendees

Karen Ahrens – project lead, Lauren Royer – project administrative support, Rich Wilson – project director, Sarah Martin – project manager/chair [Sarah.Martin@lni.wa.gov](mailto:Sarah.Martin@lni.wa.gov)/360-902-4480

### Vision for PCE Improvement Project

Improve the quality and timeliness of the referral, exam and reporting processes. This will be accomplished through development of standards and guidelines designed to improve consistency and enhance communication between the worker, therapist, attending provider, vocational provider and claim manager.

### Updates

- **Safety Parameters**
  - L&I concluded to have each individual clinic and clinician set their own safety parameter. Because there isn't a nationally recognized standard, setting one would be out of scope of the project and agency role/resources.
- **Future Trainings**
  - Let your individual clinic and therapy organizations know that L&I would be interested in partnering in future training opportunities.
  - L&I University – developing platform for future online modules and would include FCE topics.
- **FCE website**
  - The project website will move to a permanent location on the L&I website. We will also add a frequently asked question section in the future. Members who were present agreed to be listed as contributing to changes. Will need to verify this with the remaining members.

### Supplemental FCEs

- ◆ Handout provided regarding proposed changes to the 1045M code and the new supplemental FCE code 1098M. 1045M code changes were effective July 2016. 1098M code will be effective August 2016.
- ◆ 1045M Changes:
  - Allowing the ability to bill for a separate service after 7 days (previously it was 30 days). L&I wanted to eliminate an arbitrary limitation to prevent delays from happening. This will be monitored.
  - If multiple providers participate in the FCE, each provider needs to bill separately. L&I is working on final details internally.

- ♦ 1098M:
  - Group discussion about different testing scenarios. It will be beneficial to provide examples and/or clear instructions when we do outreach with FCE providers.
    - Possible example: If a standard FCE was completed in 3.5 hours. Later, the worker has to come back for additional testing of additional job demands. This would be covered under the 1098M code since the first evaluation was fully completed.
  - Determined there may be situations where the two codes may be needed on the same day of service so this will not be excluded.
  - Use of code will be monitored closely for the first 6 months.

### **Work Physiology Protocol**

- ♦ Handout provided with updates to the protocol based on the trial and feedback.
- ♦ Updates:
  - If Light/Medium job, use a 28 minute circuit.
  - Discussed making sure there isn't confusion with the Results section that gives the clinician the ability to document how many hours if intermixing stand/walk with a sedentary position. Member came up with adding alternative option. "If no, can the client demonstrate the cardiorespiratory endurance for a lesser physical demand job on a full time basis?"
  - Expanded the "Considerations" section to include more variables to help clinicians interpret the results. Members provided additional feedback for updated content.
- ♦ This feedback will be incorporated into a new version and distributed to members for additional comment.
- ♦ Clarified that the document is a work sheet only and not something that gets sent to the L&I claim file.
- ♦ Members noted that this protocol was a beneficial tool when indicated and would support moving forward.
  - Supports why additional rehabilitation is recommended – such as work conditioning or for graduated/modified return to work. .
  - Provides objective information that supports the worker can do a job.
- ♦ Consideration: Because of the ADA, need to ensure that the clinician does not state that the individual cannot do their job due to cardiovascular limitations. Rather, use it to communicate concerns and the need for additional services. Can also indicate that they can do the job based solely on the industrial injury.
- ♦ Creating an accurate circuit relies on a detailed Job Analysis. May need to emphasize the need to communicate with the VRC to clarify any questions ahead of the FCE. L&I will need to encourage VRCs to be detailed when describing a job such as the actual cycle time and duration of when certain demands occur. For example, is it done intermittently to equal an occasional basis or is the activity done continuously but on an occasional basis. This is an important distinction.
- ♦ Do we need to consider some form of a disclaimer?

## **Vibration**

- ♦ Compiled a list of how to test for vibration. This will be added to our resources.
  - Low Vibration:
    - Day 1:
      - Take a thorough history to include self reporting ADL tolerances such as using a hair dryer, lawn mower, vacuum, driving, etc.
      - Musculoskeletal screen
      - Include the use of clinic tools and equipment to create vibration exposure.
        - Hand/power tools such as orbital sander, drill, hammer, stapler, hole punch, tuning fork, vacuum cleaner, hair driver, vibrating massager, body blade, bounce ball against wall
    - Day 2: if worker demonstrates adequate in clinic tolerances, can have worker bring in work tools or clinician can go to work site and test with actual equipment.
  - High Vibration: (jack hammer, riveter)
    - Can be informed by performance with low vibration day one testing.
      - Involves whole body so core strength, stability, balance need to be included.
      - Grip strength needs to be greater than 20 pounds.
    - Day 2: Same as above.

## **Accomplishments**

- ♦ Handout provided to members listing all of the project accomplishments they helped inform.
- ♦ Feedback:
  - Positive feedback about the new Report Summary form as much clearer and easier to read.
  - The group agrees that standardization across the board has been good.
  - Has allowed members to build relationships with peers and learn something new.
  - Allowed for a collaborative approach. This was a very productive, professional, and cohesive group as demonstrated by the large number of accomplishments and within a 2 year time frame.

## **Other**

- ♦ A member noted a challenge when doing depositions and explaining the old versus new process and suggested to make sure AAGs are in the loop to these changes.
- ♦ Concern raised that represented workers may not be receiving the FCE letter with travel reimbursement form.

## **Future Meetings/Feedback**

- ♦ Members were interested in having a future meeting to provide feedback and learn how the changes are working. End of February was recommended.
  - Future Meeting set for: Monday, February 27<sup>th</sup>, from 12:30 to 2:30 in Tukwila
- ♦ Even though our regular formal meetings have ended, members present were open to providing future review and feedback via email if the need arose.