OPTUM®

Physical Therapy and Occupational Therapy

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Presenter

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Robert Hall, MD

Corporate Medical Director Optum Workers' Comp and Auto No-fault Solutions

As Corporate Medical Director, Dr. Robert Hall advises customers and employees on evidence-based clinical and rehabilitation guidelines that optimize pharmacy, home health and durable medical equipment programs, promoting better outcomes for claimants. He also offers counsel on processes and procedures, identifying and reducing prescription medication misuse and abuse.

A practicing, board-certified physical medicine and rehabilitation physician, Dr. Hall has healthcare, workers' comp, and auto no-fault experience. He has treated patients in private practice, private and state-run hospitals and outpatient clinics. His areas of focus include electromyography, pain management, musculoskeletal medicine and stroke rehabilitation.

After receiving his Bachelor of Science in Electrical Engineering at The Ohio State University, he continued his medical training and was chief resident in physical medicine and rehabilitation at the university's medical center. He has been awarded the distinction of "Best Doctors in America®" since 2009.

Objectives

- Review recent trends related to physical medicine
- Explain the importance of physical therapy (PT) and occupational therapy (OT) in workers' compensation and auto no-fault claims
- Describe the roles of physical and occupational therapists
- Discuss the timing and location of PT and OT services
- Understand PT and OT medical documentation and know when therapy should be complete
- Review medications, precautions, and other clinical situations that can impact PT and OT

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Meet Scott

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Scott is a 65-year-old construction worker with high-blood pressure. He sustained a low-back injury and a fracture to the left leg and was transported to the hospital. His fracture was surgically repaired and he was discharged with prescriptions for medications, DME, physical therapy and occupational therapy.

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Why are we talking about PT and OT?

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Industry trend in physical medicine - Opioids

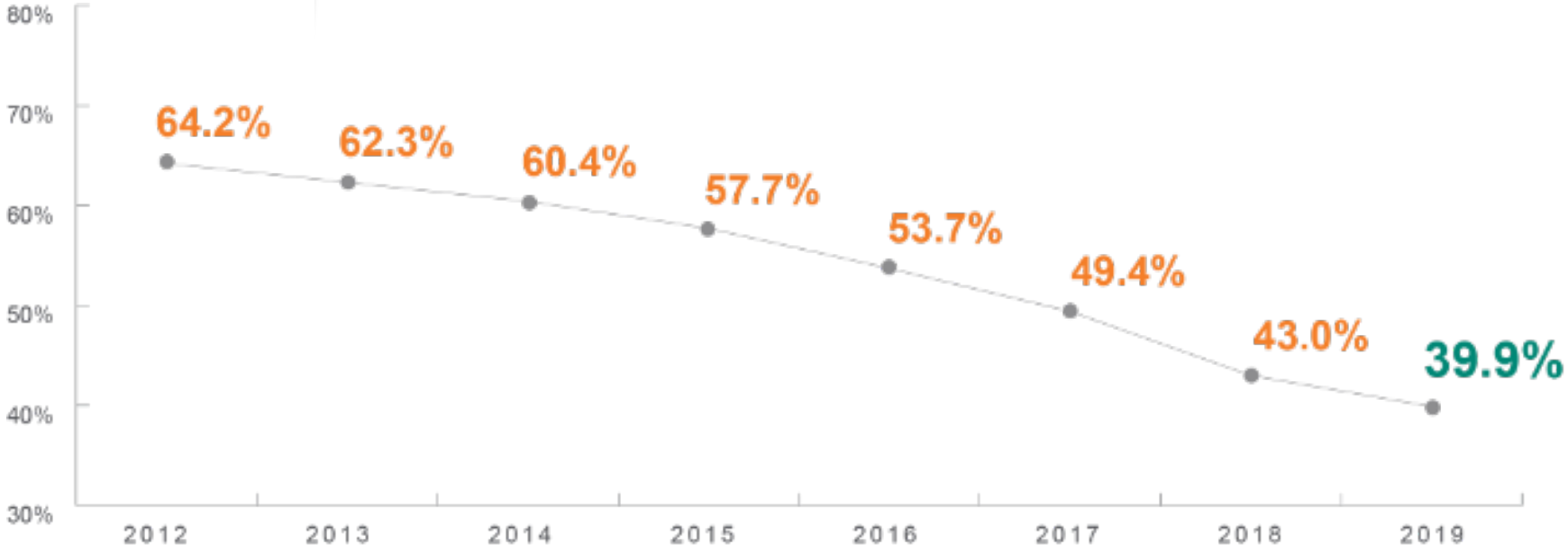
Side effects

- Fatigue
- Depression
- Muscle weakness
- Lethargy
- Hormone imbalance
- Sexual dysfunction
- Nausea
- Addiction
- Chronic constipation
- Slurred speech
- Social isolation
- Overdose and death

Industry trend in physical medicine - Opioids

Side effects

Decrease in utilization



Reference: Optum Workers' Compensation and Auto No Fault 2019 Trend Report

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Industry trend in physical medicine - Opioids

Side effects

Decrease in utilization

Not effective in long-term pain relief

Acute prescribing

- Surgery
- Fracture
- Severe, disabling pain

WHY PHYSICAL THERAPY?

In a recent WCRI study on physical therapy for low back pain…

- Opioid prescribing guidelines recommend physical therapy as the first-line non-pharmacological treatment before considering opioid prescriptions.
- Outside workers' compensation, several studies have reported that early physical therapy is associated with lower utilization of medical services and better outcomes
- Clinicians and payers are encouraged to work proactively to remove the barriers to early physical therapy

Source:
WCRI: The Timing of Physical Therapy for low back pain: Does it matter in Workers' Compensation | September 2020.

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Other pain-related medications

Nonsteroidal anti-inflammatory drugs (NSAIDs)

Adverse effects

- Gastrointestinal
- Cardiovascular
- Kidneys

Skeletal muscle relaxants

Adverse effects

- Sedation
- Drug-drug interactions
- Abuse

Treatment guidelines

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ODG Physical Therapy Guidelines

Lumbar contusion	6 visits over 3 weeks
Lumbar sprains and strains	10 visits over 8 weeks
Sprains and strains of unspecified parts of the back	10 visits over 5 weeks
Lumbago; backache, unspecified	9 week over 8 weeks

ODG Physical Therapy Guidelines - Intervertebral disc disorders without myelopathy

Medical treatment	10 visits over 8 weeks
Post-injection treatment	1-2 visits over 1 week
Post-surgical treatment (discectomy/laminectomy):	16 visits over 8 weeks
Post-surgical treatment (arthroplasty):	26 week over 16 weeks
Post-surgical treatment (fusion, after graft maturity)	34 visits over 16 weeks

Every patient is different…

How do you know when the recommended treatment, its frequency, and its duration is best for your claimant?

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PT & OT impact on claims and claimants?

Injury healing

Functional recovery

Costs

Per treatment vs. utilization

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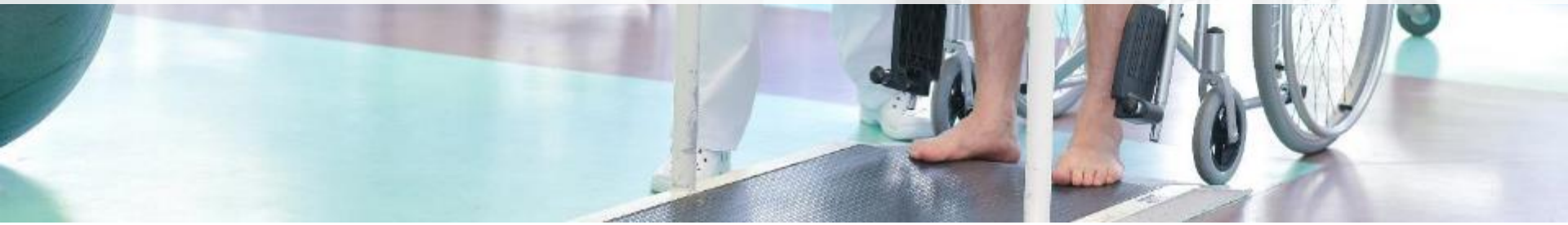
The role of physical and occupational therapists



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Definitions

- Physical medicine
- Physical therapy
- Occupational therapy
- Active therapy
- Passive therapy
- Modalities
- Utilization
- Function

How is function lost?

- Musculoskeletal injury
- Traumatic brain injury
- Spinal cord injury
- Amputation
- Osteoarthritis
- Cardiopulmonary disorders
- Pain
- Depression and anxiety

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PT and OT help restore function

- Different “normal” for different people
- Normal vs. independent
- What body parts and systems provide/control function?
  - Arms
  - Legs
  - Brain and spinal cord

Activities during treatment session

- Stretching/range of motion
- Strengthening
- Endurance
- Balance
- Coordination
- Pain reduction
- Function

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Physical therapy treatments

Lower limbs/spine

Transfers

Walking

DME

Activity

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Occupational therapy treatments

Upper limbs

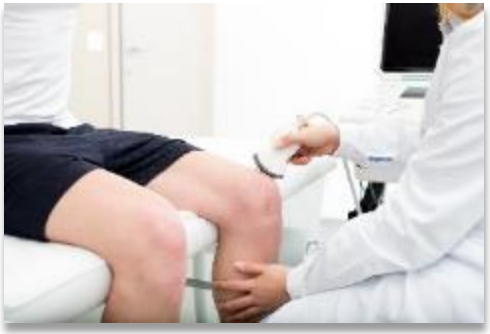
Activities of daily living (ADLs) and DME

Transfers

Therapeutic modalities

Spinal traction

Heat / cold



Ultrasound

Electromedical

Iontophoresis / phonophoresis

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Education provided by PT & OT

Patient

Family

Healthcare team members

The timing of PT and OT with patient care

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Low back pain-only claims with > 7 days of lost time and 3 or more physical therapy visits during the first year of treatment…

Physical therapy started **within**

3

days of injury

Vs.

Physical therapy started **after**

30

days of injury

47%	More likely to have an MRI ordered
46%	More likely to receive opioids
29%	More likely to receive pain management injections
89%	More likely to have low back surgery
24-28%	Higher average medical cost
58-69%	Higher average of temporary disability

Source:
WCRI: The Timing of Physical Therapy for low back pain: Does it matter in Workers' Compensation | September 2020.

Benefits of early PT & OT

- Early mobilization and range of motion
- Effects on pain relief
- Effects on healthcare utilization

Soft tissue injuries

Early PT claims with at least
1 opioid prescribed within
1 year of injury

23% had significantly lower doses of opioids
vs. similar claims without early PT

On lost time

Early PT claims were **12% less likely** to have lost time

Workers' Compensation Insurance Rating Bureau of California (WCIRB)

https://www.wcirb.com/news/wcirb-releases-study-impact-physical-medicine-treatments-opioid-use-and-lost-time-california

Location of initial PT and OT

Minor injuries

Outpatient

Major injuries

- Initial hospitalization
- Acute inpatient rehabilitation or subacute nursing facility (SNF)
- Long-term acute care (LTAC)
- Home health
- Outpatient

Initial hospitalization

- Mobility and self-care
- Functional levels and further therapy needs
  - **Discharge planning**
    - Home
    - Acute inpatient rehabilitation
    - Subacute nursing facility
    - Assisted living
  - **DME needs**
  - **Home modifications**
    - Safe entry, e.g., ramps and handrails
    - In-home accessibility

Acute inpatient rehabilitation

- Examples of diagnoses
  - Traumatic brain injury (TBI)
  - Spinal cord injury (SCI)
  - Amputation
  - Major multiple trauma
- Requirement of three hours per day
  - Average of 15 hours/week
  - May also include speech therapy and prosthetic training
- Medical acuity requirements
- Demonstration of progress being made
- Family and/or caregiver training
- More ideal when discharge destination is home

Skilled nursing facility

- Examples of diagnoses
  - Debility/deconditioning
  - TBI, SCI, amputation, etc.
- Less intense requirements for patients with extreme fatigue
- SNF vs. acute inpatient rehabilitation
  - Increasing similarities between the two levels of care
  - SNF usually costs less per day, but more days may be expected
  - SNF if patient is not expected to tolerate three hours of therapy per day
  - Can transition to acute inpatient rehabilitation (once endurance improves)

Long-term acute care (LTAC)

- Examples of diagnoses
  - Ventilator-dependent respiratory failure
  - Severe skin wounds
  - Complex medical care
- Activities of PT and OT
  - Stretching/range of motion to prevent contractures
  - Bed-level strengthening exercises
  - Prevention of worsening weakness and debility

Home health

- Difficult or taxing effort to leave the home for outpatient therapy
  - More focused 1:1 attention
  - Less distractions from unfamiliar outpatient facility
    - Other patients coming and going
    - Therapists treating multiple patients concurrently
  - More distraction from in-home surroundings
    - Answering the phone
    - Household tasks
    - Family members
- Try to transition to outpatient when possible

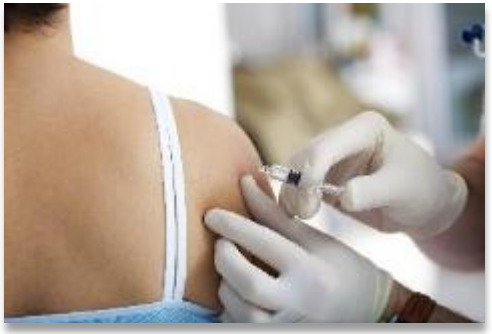
Outpatient

- More intense therapy may be possible
- Specialized exercise equipment
- More treatment modalities
- Peer support
  - Seeing other patients with similar conditions
  - Patients making better progress – encouraging
  - Patients making less progress – appreciative

Specialty clinics

Prosthetic devices

Wheelchairs



Neuromuscular

Telerehabilitation

- Before COVID-19
- After COVID-19
- Pros and cons
- Expectations

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PT and OT documentation

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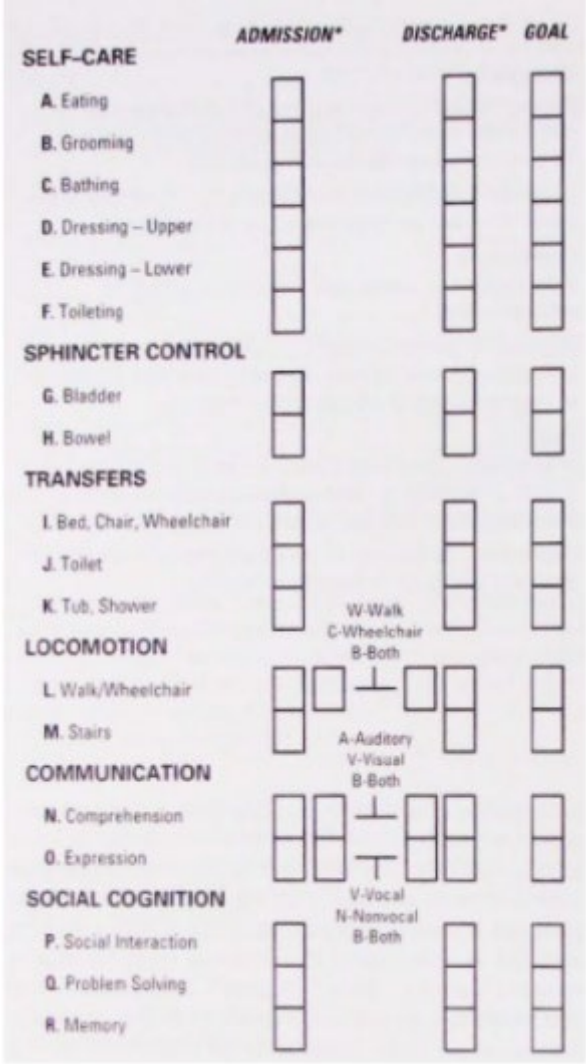
Functional assessments

- Initial status
- Treatment goals
- Progress being made
- Percent of goals achieved
- Barriers to continued progress
- Expected duration of continued therapy

Functional Independence Measure (FIM)

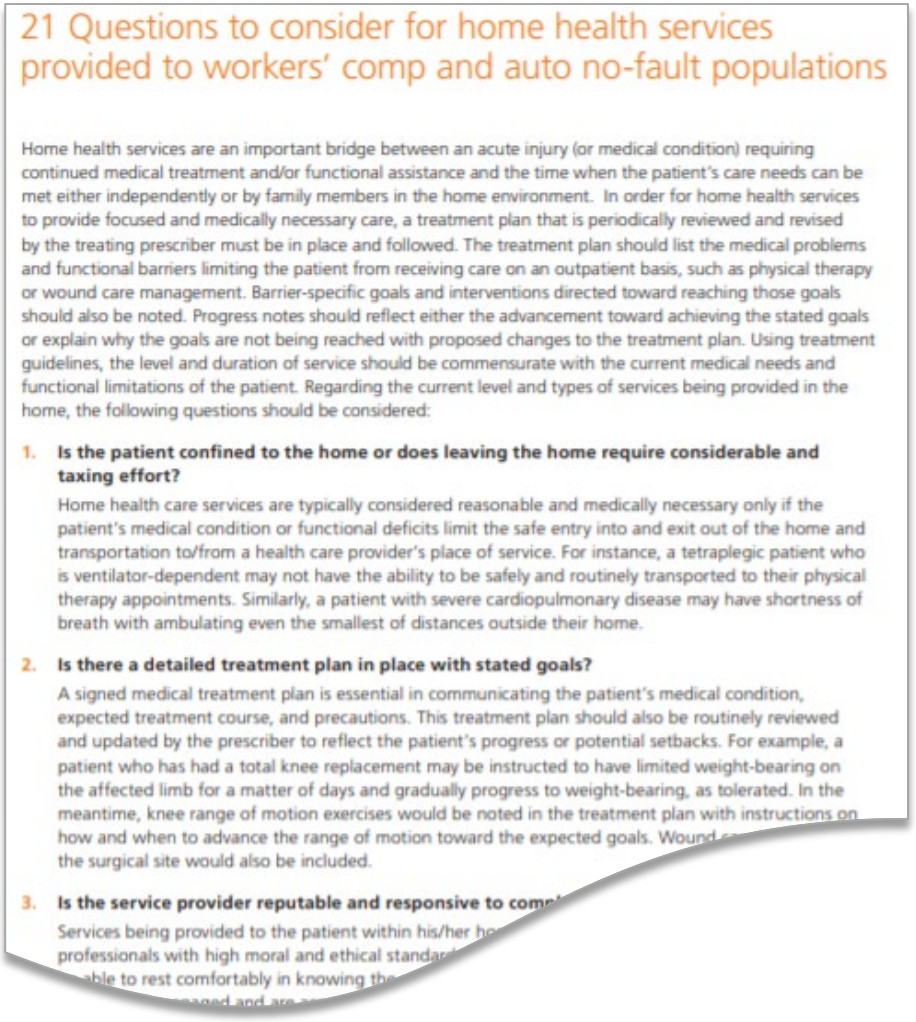
- Objective functional measurements
- Categories
  - Self-care
  - Bowel/bladder
  - Transfers
  - Locomotion
  - Communication
  - Social cognition
- Current and next-level care predictability



https://www.physio-pedia.com/Functional_Independence_Measure_(FIM)

What to look for in home health PT & OT

- Detailed treatment plan with stated goals
- No duplication of services
- Training for other providers and family
- Improved independence with DME



21 Questions to consider for home health services provided to workers' comp and auto no-fault populations

Home health services are an important bridge between an acute injury (or medical condition) requiring continued medical treatment and/or functional assistance and the time when the patient's care needs can be met either independently or by family members in the home environment. In order for home health services to provide focused and medically necessary care, a treatment plan that is periodically reviewed and revised by the treating prescriber must be in place and followed. The treatment plan should list the medical problems and functional barriers limiting the patient from receiving care on an outpatient basis, such as physical therapy or wound care management. Barrier-specific goals and interventions directed toward reaching those goals should also be noted. Progress notes should reflect either the advancement toward achieving the stated goals or explain why the goals are not being reached with proposed changes to the treatment plan. Using treatment guidelines, the level and duration of service should be commensurate with the current medical needs and functional limitations of the patient. Regarding the current level and types of services being provided in the home, the following questions should be considered:

1. **Is the patient confined to the home or does leaving the home require considerable and taxing effort?**

   Home health care services are typically considered reasonable and medically necessary only if the patient's medical condition or functional deficits limit the safe entry into and exit out of the home and transportation to/from a health care provider's place of service. For instance, a tetraplegic patient who is ventilator-dependent may not have the ability to be safely and routinely transported to their physical therapy appointments. Similarly, a patient with severe cardiopulmonary disease may have shortness of breath with ambulating even the smallest of distances outside their home.

2. **Is there a detailed treatment plan in place with stated goals?**

   A signed medical treatment plan is essential in communicating the patient's medical condition, expected treatment course, and precautions. This treatment plan should also be routinely reviewed and updated by the prescriber to reflect the patient's progress or potential setbacks. For example, a patient who has had a total knee replacement may be instructed to have limited weight-bearing on the affected limb for a matter of days and gradually progress to weight-bearing, as tolerated. In the meantime, knee range of motion exercises would be noted in the treatment plan with instructions on how and when to advance the range of motion toward the expected goals. Wound c… the surgical site would also be included.

3. **Is the service provider reputable and responsive to com…**

   Services being provided to the patient within his/her h… professionals with high moral and ethical standar… able to rest comfortably in knowing th…

http://helioscomp.com/docs/default-source/managed-care/mcs-17102-21-questions-to-ask-home-health-care_r3.pdf

How to know when continued PT & OT are required

- Meaningful progress is still being made
- Objective improvements seen in
  - Range of motion
  - Strength
  - Assistance level (FIM)
  - Walking distance
  - Fewer symptoms while walking
  - Less reliance on assistive device(s)
  - Progress with home exercise program

Has the claimant's progress with PT and OT been maximized?

- Plateaued or no significant progress over time
- Family/caregivers have been trained and are available/capable
- Patient is safe and independent with their self-care, mobility, and home exercise program

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Home exercise program

- What is a HEP?
- When should a HEP be created?
- Can the patient demonstrate their ability to follow the HEP?
- Are required safety precautions being followed?
  - Weight-bearing precautions
  - Range of motion restrictions

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Additional PT & OT Considerations

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Prescriber orders for PT and OT

- "Eval and treat"
- Additional components of therapy order
  - Discipline
  - Frequency
  - Duration
  - Diagnosis
  - Precautions
  - Modalities
  - Goals & expectations
  - Follow-up date (with prescriber)

Precautions for PT and OT

Falls

- Fractures
- Bleeding

Cardiovascular

- High blood pressure
- Syncope (fainting)
- Heart disease

Musculoskeletal

- Weight-bearing status
- Range of motion restrictions

Neurologic

- Seizures
- Autonomic dysreflexia (spinal cord injury)

Medications to help improve therapy participation

Analgesics

- NSAIDs
- Acetaminophen
- Topical

Anti-spasticity

- Baclofen
- Tizanidine
- Botulinum toxin

Cognitive function

- Stimulants
- Memory medications

Medications that may increase risk

- Blood thinners
- Sedating medications
- Insulin (dose too high)
- Blood pressure medications (dose too high)

Behavioral health with PT and OT

- Endorphins are released with movement and exercise
- Collaboration with psychologist on barriers to therapy participation and recovery
  - Participation
  - Initiation
  - Memory
  - Mood

Follow-up with Scott

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Follow-up on Scott

Initial hospitalization

- PT and OT evaluation during first 48 hours
- Early bed mobility
- Wheelchair mobility until cleared for walker
- Walker with non-weight bearing of fractured leg
- Education on safety precautions and self-care
- Home safety evaluation

Follow-up on Scott

Home health

- PT and OT along with RN
- Strengthening exercises (upper body and intact leg)
- Additional education on self-care/ADLs
- Transition to outpatient PT

Follow-up on Scott

Outpatient

- OT no longer necessary
- PT
  - Continued low back pain
  - Core strengthening exercises
  - Strengthening of fractured leg
- Safe demonstration of home exercise program
- Discharged from PT and OT

Homework case – Meet Linda

- High-speed motor vehicle accident
- TBI and right arm fracture
- History of heart disease
- Early PT, OT, and speech therapy

SUMMARY

- PT and OT have an important role in the recovery of workers' compensation and auto injuries
- The timing and location of PT and OT depend on the patient's physical and cognitive abilities
- Reviewing PT and OT documentation can help determine the effectiveness and need for continued therapy
- Medications and other clinical conditions can affect the patient's level of recovery and safety

Thank you!

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