



A Clinical Approach to Ancillary Treatments in Claim Management

March 03, 2021 | 2:00-3:00 p.m. ET

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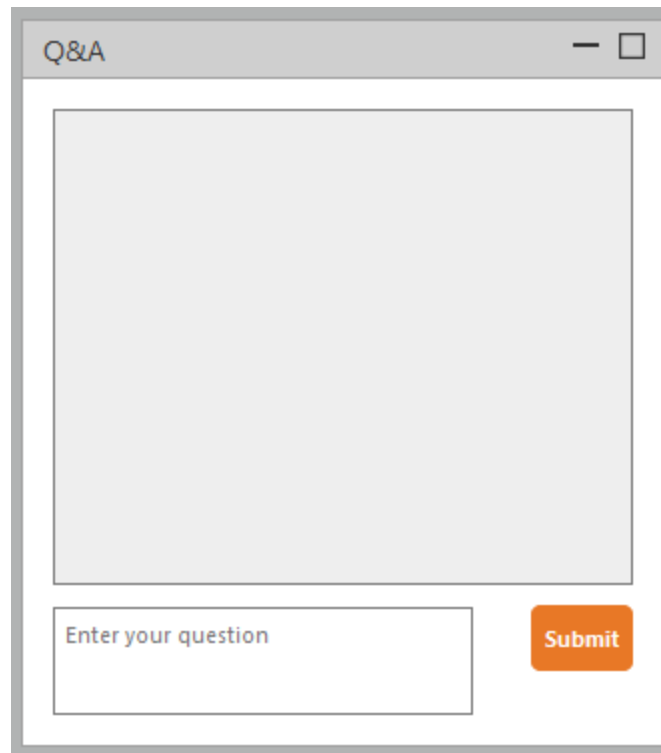
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Q&A

Enter your question *

Submit

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Presenters



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Objectives

- Understand the importance of looking at ancillary products and services through a clinical lens
- Identify the key characteristics necessary to determine if common ancillary products and services are appropriate
- Review factors that payers should consider when determining how to maximize care the care of their claimants while, at the same time, controlling claims costs



The clinical approach to ancillary services

A man with a beard, wearing a grey t-shirt, is seated in a wheelchair. He is looking down and to the left. A healthcare professional, wearing a white lab coat and blue jeans, is kneeling on the floor next to the wheelchair, adjusting the footrest. The setting appears to be a bright, clean clinical or hospital room with large windows in the background. The floor is light-colored and reflective.

Ancillary devices and treatments are **key aspects of workers' compensation claims.**

- Provide non-medication relief and recovery for injuries
- Can significantly impact the cost, duration, and direction of injury-related claims



The goals of pharmacy and ancillary treatments should be the same



Right treatment



Right time



Right duration



Right cost





Physical therapy

Meet Mike

- 44-year-old male
- Slipped and fell at work
- Felt a sudden “pop” in his low back with immediate pain, numbness, and tingling radiating into the right leg
- Diagnosed with a right lumbar radiculopathy (pinched nerve in the back)
- Referred to physical therapy

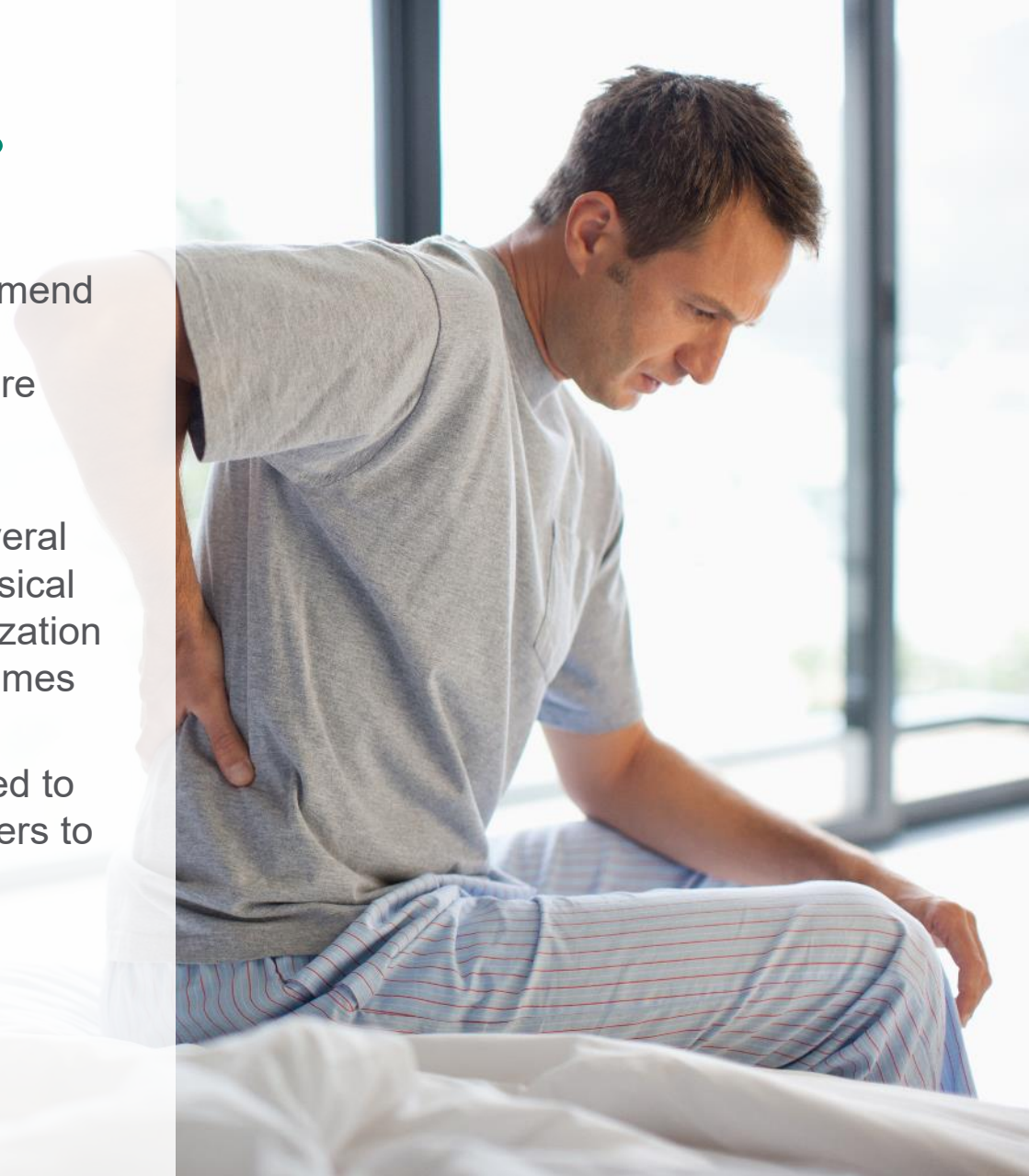


WHAT TO CONSIDER WITH PHYSICAL THERAPY



WHY PHYSICAL THERAPY?

- 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



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

- 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

Location of initial PT



Minor injuries

- Outpatient
- Telehealth



Major injuries

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

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?



How to know when continued PT is appropriate



- 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



Durable medical equipment (DME)

Meet Sally

- 56-year-old female
- Severe left shoulder pain while loading heavy packages onto a delivery truck
- Diagnosed with a complete left rotator cuff tear
- Underwent a rotator cuff repair surgery



WHAT TO CONSIDER WITH DME



A photograph showing a person's back with two blue adhesive electrodes attached. A hand is visible near the electrodes, suggesting a healthcare professional is performing the treatment. The background is a plain, light-colored wall.

Electromedical equipment

Transcutaneous Electrical Nerve Stimulation (TENS) therapy for pain management

- Considered an effective tool for pain management in some claimants, but not everyone shares the same clinical response.
- Recommended that a trial period of at least one month be completed before the device is purchased. (record pain scores and assess any improvements)
- Determined by CMS to be not reasonable and necessary for chronic low back pain.
- Depending on the site of electrode placement and a history of comorbid conditions, not all claimants will be candidates for TENS therapy.
- Be aware of the cost of therapy , i.e., lead wires, electrodes, batteries, etc.
- Should not include Neuromuscular Electrical Stimulation (NMES) if being used for pain only.

Cold compression therapy (CCT)

According to ODG

- May be considered as an option for home rental for up to seven days after major knee surgery
- Not recommended for routine arthroscopic surgeries or nonsurgical treatment
- CCT “has not been shown to be much better than simple, cost-effective ice packs following shoulder surgery.”
- Ice packs/cold packs may be recommended as an alternative treatment option.

Continuous passive motion (CPM)

According to ODG:

- Cartilage restoration or arthrofibrosis surgery
- Patients with high risk of severe knee stiffness
- Routine use has minimal benefit
- Does not prevent DVT
- Can be appropriate for adhesive capsulitis (frozen shoulder)
- Not recommended for other rotator cuff conditions





Prosthetic devices

Meet Scott

- 38-year-old male
- Crush injury to the left leg and required a transfemoral (above-the-knee) amputation
- Has asthma and diabetes



WHAT TO CONSIDER FOR PROSTHETIC DEVICES



Effects of comorbid conditions on amputations

COMORBID CONDITIONS	COMPLICATIONS	IMPACT ON USE OF PROSTHESIS
<ul style="list-style-type: none"> • Diabetes • Tobacco use • Vascular disease • Heart/lung disease • Depression • Obesity • Arthritis • Substance abuse • Aging claimant 	<ul style="list-style-type: none"> • Infection • Impaired wound healing • Contractures • Deconditioning • Pain • Worsening depression • Sedation • Falls 	<ul style="list-style-type: none"> • Weakness • Impaired cognition • Decreased endurance • Lack of motivation

Amputation site and additional energy required for walking

SINGLE BELOW-THE-KNEE	25%
BILATERAL BELOW-THE-KNEE	41%
SINGLE ABOVE-THE-KNEE	60-70%
BILATERAL ABOVE-THE-KNEE	>200%

Cuccurullo, Sara J. *Physical Medicine and Rehabilitation Board Review*. 3rd ed. New York: Demos Medical, 2015. Page 477.

Lower limb prosthesis components are determined by claimant's K-level

Medicare defines K-levels based on the ability or **potential** to ambulate and navigate the environment.

K-LEVEL	FUNCTIONAL POTENTIAL OF AMPUTEE
K0	No ability or potential to ambulate or transfer safely with or without assistance and a prosthesis does not enhance quality of life or mobility.
K1	Ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence .
K2	Ability or potential for ambulation with the ability to traverse low-level environmental barriers such as curbs, stairs, or uneven surfaces.
K3	Ability or potential for ambulation with variable cadence - a typical community ambulatory with the ability to traverse most environmental barriers may have activity that demands prosthetic use beyond simple locomotion.
K4	Ability or potential for ambulation that exceeds basic ambulation skills, exhibiting high impact, stress, or energy levels.

http://www.oandp.org/olc/course_extended_content.asp?frmCourseId=ACA066EC-443A-4822-822C-89BC1CBD684E&frmTermId=k-levels



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Lower limb prosthesis components are determined by claimant's K-level

Medicare defines K-levels based on the ability or **potential** to ambulate and navigate the environment.

K-LEVEL	FUNCTIONAL POTENTIAL OF AMPUTEE	TYPE OF PROSTHESIS
K0	No ability or potential to ambulate or transfer safely with or without assistance and a prosthesis does not enhance quality of life or mobility.	Not eligible for a functional prosthesis
K1	Ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence .	External keel, SACH feet or single axis ankle/feet, single-axis, constant friction knee
K2	Ability or potential for ambulation with the ability to traverse low-level environmental barriers such as curbs, stairs, or uneven surfaces.	Flexible-keel feet and multi-axial ankle/feet, single-axis, constant friction knee
K3	Ability or potential for ambulation with variable cadence - a typical community ambulatory with the ability to traverse most environmental barriers may have activity that demands prosthetic use beyond simple locomotion.	Flex foot and flex-walk systems, energy storing feet, multi-axial ankle/feet, or dynamic response feet, fluid and pneumatic control knee, microprocessor knee
K4	Ability or potential for ambulation that exceeds basic ambulation skills, exhibiting high impact, stress, or energy levels.	Any ankle foot system appropriate, any ankle knee system appropriate, including microprocessor

http://www.oandp.org/olc/course_extended_content.asp?frmCourseId=ACA066EC-443A-4822-822C-89BC1CBD684E&frmTermId=k-levels



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Outpatient prosthetic evaluation

- Medical history
- Physical examination
- Functional assessment
 - Prior
 - Current
 - Potential level of function and goals
 - Realistic
 - Meaningful
 - Unlikely to be more functional than prior to amputation

Lower limb amputees and their frequency of falls

66% Transfemoral (above-the-knee) amputees experienced a fall within the previous year

4% General population fall annually

Gauthier-Gagnon, C (1999) Arch Phys Med Rehabil 80(6): 706-13. (n=396)

Incidence rate (per 100,000 persons) of injuries by mechanism - Corso, P, E Finkelstein, T Miller, I Fiebelkorn and E Zaloshnja (2006). "Incidence and lifetime costs of injuries in the United States." Inj Prev 12(4): 212-8.



Home health care

Meet Cheryl

- 68-year-old female
- Involved in a motor vehicle accident
- Traumatic brain injury (TBI) and a severe fracture of the left hip
- Total hip replacement
- Several weeks of inpatient rehabilitation before being discharged to home with home health care



WHAT TO CONSIDER FOR HOME HEALTH SERVICES



Is the level of service appropriate?

The right amount of care is dependent upon the claimant's

- Medical complexity
- Physical limitations
- Safety and cognitive needs



Is a Registered Nurse (RN) providing in-home nursing services when a Licensed Practical Nurse (LPN) would suffice?

- The scope of practice varies between an RN and an LPN
- Know what care is needed and what nursing level is most appropriate to support that need
- Higher costs may be unnecessary when an RN is providing care that an LPN could safely provide



Are RN or LPN services being provided when a home health aide would be appropriate?

- The scope of practice varies between an RN/LPN and a home health aide
- Know what patient care is needed and what level of care is most appropriate to support that need
- Higher costs may be unnecessary when an RN/LPN is providing care that a home health aide could safely provide



Can durable medical equipment (DME) or home modifications be utilized to reduce dependence on home health care providers?

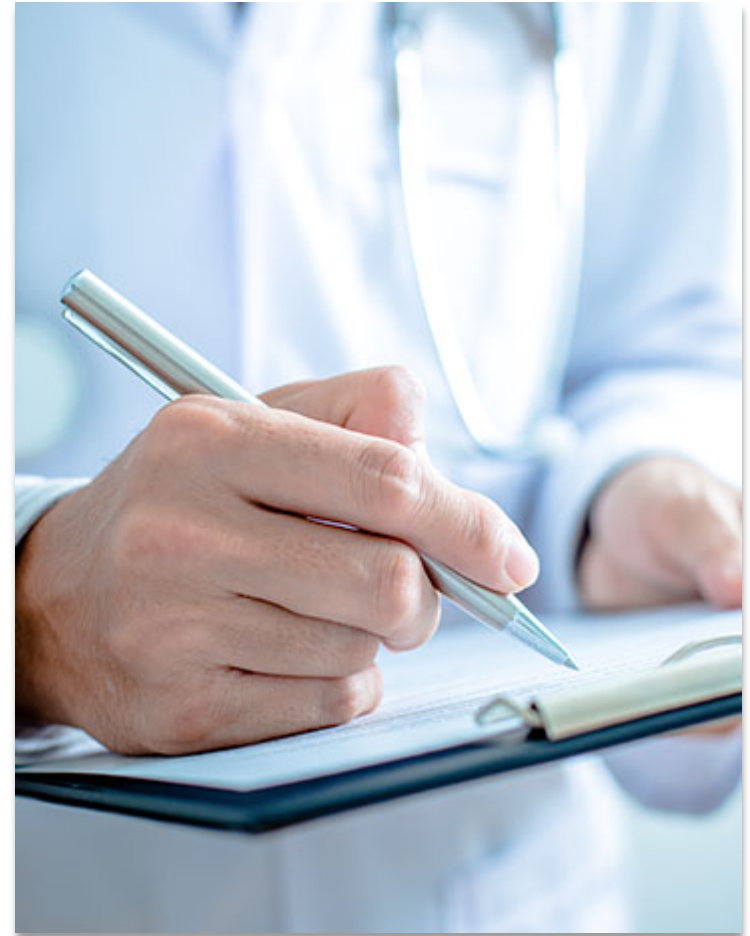
- Advancing technology continues to provide opportunities to use DME
- Meaningful modifications to the home may significantly reduce the amount of home health care that is needed




Source: http://www.sciencedirect.com/topics/page/Diffuse_axonal_injury

Are specific nursing and therapy orders being individualized to the claimant or are the orders nonspecific, such as, “evaluate and treat”?

- Medical care is more effective when individualized to claimant-specific factors and needs
- Home health care providers rely on the prescriber’s knowledge of the claimant’s medical diagnosis, precautions and current medical and functional needs
- The initial home health prescription, along with any ongoing treatment orders, should be specific to the claimant’s current medical and functional status



Source: <http://img.medscapestatic.com/pi/meds/ckb/97/15097tn.jpg>



Chiropractors report a surge in problems as millions of workers have spent months clacking away on sofas and beds and awkward kitchen counters.

Work-from-Home injuries

<https://www.nytimes.com/2020/09/04/well/live/ergonomics-work-from-home-injuries.html>



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Meet Cindy

- 42-year-old female
- Worsening neck pain that has developed since she started working remotely



Important considerations for work-from-home employees – before and after injury

- Computer monitor at eye level (top of screen)
- Wrists neutral (straight)
- Elbows bent between 90 and 110 degrees
- Adding lumbar support to your chair
- Standing and stretching breaks

A physical therapist in a light blue shirt is assisting a male patient in a grey t-shirt. The patient is seated on a light-colored table, holding two orange dumbbells with both hands above his head. The therapist is standing behind him, holding his right arm to provide support and guidance. The setting is a bright, modern gym or clinic with large windows in the background. A white towel is draped over the table in the foreground. A green banner with the word 'SUMMARY' is overlaid on the left side of the image.

SUMMARY

Thank you!

Questions?

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