Active Therapeutic Exercise Approvals with Modification

Date: May 2013

Active Therapeutic Exercise Approvals with Modification - Clarifications

This bulletin is for the purpose of informing the payors on how to proceed should they choose to approve with modification, a request for active therapeutic exercise (i.e., occupational/physical therapy.)

Background: It has come to our attention that some payors are choosing to approve with modification, active therapy sessions for less than the time it takes to produce effect per the Medical Treatment Guidelines (MTS). This can lead to unnecessary delays in functional improvement and therefore extend the life of an injured workers’ claim.

Discussion: The general principles of the medical treatment schedule are: (a) the determination of the need to continue treatment is based on functional improvement; and (b) the patient’s ability (current capacity) to return to work is needed to assist in disability management. In furtherance of these general principles, if the Carrier/Self Insured Employer determines, on a compensable claim, that modifications to a request for authorization on LWC-WC-1010 for active therapeutic exercise is necessary in order for the request for authorization to be in accordance with the medical treatment schedule, said request shall not be approved with modification for a number of treatments less than the minimum “Time to Produce Effect” found in the applicable portion of the medical treatment schedule.

For example, if active therapeutic exercise is being recommended to improve spinal stabilization, the medical treatment guidelines sets forth the “time to produce effect” at four to eight treatments. If a provider recommends three sessions a week for four weeks, to treat a compensable spinal stabilization injury, the carrier cannot approve with modification the providers request for less than 4 treatments, which is the minimum the MTS states is required to produce an effect.