

POLICY NUMBER: POL-26

**Chapter:
CLAIMS**

**Subject:
PHYSIOTHERAPY SERVICES**

**Effective Date:
November 15, 1994**

**Last Updated:
June 20, 2018**

PURPOSE STATEMENT:

The purpose of this policy is to explain how the Workers Compensation Board determines an injured worker's entitlement to physiotherapy services and to outline treatment approval.

REFERENCE:

Workers Compensation Act R.S.P.E.I. 1988, Cap. W-7.1, Section 18.
Physiotherapy Act R.S.P.E.I. 1988, Cap. P-7, Section 1(i).
Workers Compensation Board Policy, POL-64, Health Care Providers.

DEFINITION:

In this policy

"Functional Capacity Evaluation" means a detailed examination and evaluation that objectively measures a worker's current level of function, primarily within the context of the demands of competitive employment, activities of daily living, or leisure activities.

"Impairment" means a medically measurable permanent anatomical loss or disfigurement and includes, amputation, loss of vision, loss of hearing, impaired nerve function, scarring causing disfigurement, joint ankyloses or joint fusion from surgery.

“Pension” means an award based on a medically assessed disability awarded by the Workers Compensation Board prior to January 1, 1995 and was paid in recognition of a permanent partial or total disability.

“Physiotherapy” means physical therapy practiced in a continuing way to remove, alleviate or prevent movement dysfunction or pain, in a manner that requires the practitioner’s independent exercise of professional knowledge, skill, judgement, and ethical conduct, including, but not limited to: diagnostic assessment; design and conduct of treatment involving exercise, massage, hydrotherapy, heat, sonic, laser and electrical techniques, and other treatment modalities within the scope of practice of the treating physiotherapist; evaluation of progress; patient instruction, research; and educational or preventative measures.

“Recurrence” means a return of disabling conditions, supported by objective medical evidence that can be reasonably related to an injury caused by a previous work-related accident. Recurrence of the condition must be medically compatible with the previous injury, and decisions to accept or deny recurrences must rely on medical evidence supporting this relationship.

“Return to work” means modified duties, alternate duties or tasks, or ease back, including approved employer-initiated ease backs. Return to work includes transition from light, alternative or modified duties and modified or alternative work.

“Supportive care” means treatment that is therapeutically necessary for workers, who have reached their maximum recovery from a work related injury, to maintain a maximum level of recovery. Supportive care would only be considered after the appropriate application of active and passive care either from health care providers or through lifestyle modifications.

“Work conditioning” is an exercise based rehabilitation program designed specifically to restore function, improve strength and endurance, and provide education to increase the capacity of a worker to return to work.

“Work hardening” is an individualized, job specific program of daily education and activity with the goal of return to work. Work Hardening programs use real or simulated work tasks and progressively graded conditioning exercises that are based on the individual’s measured tolerances.

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POLICY:

Guiding Principles:

1. The Workers Compensation Board is committed to providing medical aid that focuses on injury recovery and facilitates a worker remaining at work or returning to work in a safe and timely manner.
2. The Workers Compensation Board recognizes physiotherapy as an acceptable form of medical aid when it is prescribed by a treating physician and is provided by a licensed physiotherapist, in a physiotherapy clinic recognized as a health care provider by the Workers Compensation Board.
3. The Workers Compensation Board will procure physiotherapy services and will establish a service standard and fee schedule with eligible physiotherapy clinics in Prince Edward Island.
4. Physiotherapy treatment shall promote the principle of functional restoration and shall focus on injury recovery to enable a worker to remain at work or to return to work in a safe and timely manner.
5. The Workers Compensation Board recognizes that education is an important component of physiotherapy treatment and expects the treating physiotherapist to provide education to a worker on the following:
 - appropriate care with treatment goals;
 - self-management to include a home exercise program;
 - prevention of re-injury; and
 - benefits of remaining at work or safe and timely return to work.

Worker Responsibilities

6. The worker is required to attend all scheduled physiotherapy treatment appointments. Temporary wage loss benefits may be reduced, suspended, or terminated if a worker fails to attend scheduled physiotherapy treatments.

The worker is required to comply with a home exercise program when recommended as part of physiotherapy treatment and to participate in appropriate physical activity to

avoid deconditioning during recovery from a workplace injury.

Treatment Approval

7. To support timely provision of treatment for a new injury, the Workers Compensation Board will approve payment of an initial assessment following referral from a treating physician and where a worker has filed a Worker's Report (Form 6) with the Board.
8. Following the initial assessment, the physiotherapy clinic will contact the Workers Compensation Board to establish approval for payment of treatment and if required, will provide an injury diagnosis in order for the Board to determine the number of treatments approved for payment and the associated timeframe.
9. The Workers Compensation Board will approve treatment based on credible, evidence-based disability guidelines and shall advise the physiotherapy clinic of the number of treatments approved for payment and the associated timeframe.

The Workers Compensation Board is not responsible to pay for treatment beyond the initial assessment unless it has pre-approved payment of further treatment.

The Workers Compensation Board is not responsible to pay for treatment that exceeds the amount approved.

10. The Workers Compensation Board will notify the physiotherapy clinic where it determines it is not responsible for providing benefits to a worker (for example, if a claim is not accepted) and shall not be responsible for payment of treatments beyond the date of notification.

Vestibular/Neurological Treatment

11. Vestibular/neurological treatment is treatment provided by a physiotherapist specially trained to assess and treat balance deficits, dizziness, and complex head injuries.

Workers must have approval from the Workers Compensation Board prior to commencing vestibular/neurological treatment.

Supportive Care

12. Supportive care physiotherapy treatment may be appropriate to enable a worker to maintain function at a maximum level of recovery. The Workers Compensation Board will approve payment of supportive care treatment where a worker:
- has incurred an impairment or is awaiting an impairment assessment as a result of a work related injury; or
 - is a pre-1995 pensioner.

Supportive care physiotherapy treatment includes up to one (1) initial assessment and twelve (12) physiotherapy treatments in a 12-month period. A written request from a treating physician may be required.

Functional Assessments

Functional Scan/Fit For Work/Functional Job Analysis

13. The following types of functional assessments may be used to provide objective measurements of functional ability for a worker:
- Functional scan - a functional assessment that provides objective measurement of a worker's functional abilities.
 - Fit for work assessment - an assessment that provides a comparison between a worker's demonstrated functional abilities and required job demands.
 - Functional job analysis - an interactive analysis process involving both a worker and employer that identifies functional elements and physical demands of job tasks and evaluates the worker's functional abilities against those elements and demands.
14. These assessments must be pre-approved by the Workers Compensation Board and conducted by a physiotherapy clinic approved by the Workers Compensation Board to perform functional assessments. The Workers Compensation Board may use one or more of these assessments to develop or adjust a return to work plan.

Functional Capacity Evaluation

15. A Functional Capacity Evaluation quantifies safe functional abilities and is a pivotal resource for return to work, job placement decisions and disability evaluation.

A Functional Capacity Evaluation must be requested and pre-approved by the Workers Compensation Board and requires medical approval from the worker's treating physician. A Functional Capacity Evaluation must be conducted by a licensed health care provider who is approved by the Workers Compensation Board to perform Functional Capacity Evaluations.

16. The worker and where appropriate, the employer, are expected to attend a case conference within two weeks of the worker completing the Functional Capacity Evaluation to discuss the findings and return to work options.

The results of a Functional Capacity Evaluation can be used for the purpose of return to work or case planning for a period of one (1) year following the post-Functional Capacity Evaluation case conference.

Recurrence of a Previous Compensable Injury

17. Where a worker files a claim for a recurrence of a previous compensable injury and has been referred by a physician for physiotherapy treatment, the physiotherapist will complete and submit an initial assessment report including a current diagnosis.

The Workers Compensation Board may approve treatment if the current diagnosis is determined to be compatible with the original compensable injury. Treatment beyond the initial assessment will not be approved until the claim is adjudicated. The worker may pay for physiotherapy treatment and submit receipts for consideration for reimbursement if the claim is approved. If costs are eligible for reimbursement, the amount of treatment for which costs are reimbursed will be based on the evidence based disability guidelines used by the Workers Compensation Board.

Work Conditioning and Work Hardening Programs

18. Work conditioning and work hardening programs must provide objective functional information and ongoing goal setting and will consist of treatment over a specific period which, where possible, should occur in conjunction with a return to work.

A worker must have a documented return to work date or be in an active return to work prior to approval for a work conditioning or work hardening program.

The Workers Compensation Board may request a medical examination from the treating physician to support a request for work conditioning or work hardening.

If determined to be appropriate, work conditioning and work hardening will be approved based on the evidence based disability guidelines used by the Workers Compensation Board.

HISTORY:

June 20, 2018 – Non-substantive changes to definitions.

July 28, 2016 - Amended to provide clarification related to physiotherapy treatment entitlement and approval, and reflect the Workers Compensation Board's service agreements with private practice physiotherapy clinics. Amendments also include the responsibility to participate in recommended home exercise programs and a one-year time frame for the use of Functional Capacity Evaluation results.

February 26, 2014 – Amended wording in sections #2, #7, and #12.

December 19, 2013 - Amended to incorporate information on the Official Disability Guidelines, which the Workers Compensation Board will use for decision support and guidance for physiotherapy recommendations and return to work management.

January 26, 2012 - Amended to clarify the number of treatments of acute treatment that will be paid and to clarify work conditioning program requirements.

February 25, 2010 - Amended to include sections on "Functional Scan", "Functional Capacity Evaluation", and a "Fitness For Work Assessment".

April 24, 2008 - Amended #6 to clarify the criteria for approving extensions of physiotherapy treatments.

October 25, 2007 - Amended "Phase 1" in #1 of the policy and also added a definition of "work conditioning".

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February 28, 2005 - Amended to ensure the policy is clear with respect to approval of extensions of physiotherapy treatments and recurrences.

October 24, 2002 - Modified to include a provision for supportive care.

May 30, 2002 - Replaces Policy and Practice Physiotherapy Treatments dated November 15, 1994.

Board of Directors Approval Date: November 15, 1994