

PRACTICE DIRECTIVE #12

**CLAIMS MANAGEMENT AND  
THE CONTINUUM OF CARE**

**Background:**

In Practice Directive #10, reference was made to the SEC and the Division wishing “to ensure that all injuries be considered for early referral to treatment programs”.

The Continuum of Care is a program that involves the worker, the employer, the Board, the worker’s attending physician<sup>1</sup>, and health care providers in a collaborative effort aimed at the prevention of disability (see the attached notes for details about individual programs in the Continuum). The Continuum is in keeping with the current literature concerning the treatment of soft tissue injuries. It is designed for all workers who are still off work more than three weeks after a soft tissue injury (sprains/strains). The use of this Continuum is designed to increase, on aggregate, Return to Work (RTW) rates and client satisfaction and to reduce claims duration, disputes and appeals. Early results on these desired outcomes have been sufficiently promising to warrant a province-wide expansion. The Continuum promotes evidence-based decision making concerning treatment and compensation of workers.

The following guidelines are designed to assist adjudication staff in the management of cases that benefit from the use of the Continuum. They also describe those situations where the treatment program itself can refer a worker to another stage of the Continuum.

**Program Description:**

**1. Initial Screening**

Three weeks after the day of injury, the name and claims registration data of each worker appears on the EIPS (Early Intervention Program System) database. Designated staff (callers) phone each worker. If the worker has suffered a soft tissue injury, has not returned to work, and has not been advised by his/her physician to return to work in the next week, the caller asks a list of questions, designed to identify contraindications to active treatment. If the worker is seen as potentially eligible for treatment, he or she is asked to see their attending physician in the next 48 hours. A letter is sent by the caller to the worker stating the purpose of the Continuum and the Board’s expectations. A copy is sent to the worker’s file. The caller phones the attending physician’s office to alert them to the upcoming appointment, and to request that it occur within 48 hours. The caller provides the physician (preferably by fax) a referral letter to work conditioning which is to be completed by the physician if he or she approves of the referral.

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<sup>1</sup> For the purposes of this Directive, the word “physician” refers to medical doctors as well as “qualified practitioners” listed in the *Workers Compensation Act*.

**2. *Physician Refers to Work Conditioning***

If the attending physician faxes the completed referral back to the Centre, the worker is referred to a pre-approved work conditioning centre. The selection of centres is based on geographic region and entry within three days.

**3. *Physician Does Not Refer***

If the attending physician declines to refer to work conditioning and the reasons are not obvious, the AO/SDL medical advisor (MA) (or nurse advisor - NA) contacts the attending physician to describe the range of services available, the difference in outcomes between the Continuum and other forms of treatment and inquires as to any impediments to work conditioning for the worker. The MA or NA recommends work conditioning when clinically appropriate.

If closer medical supervision is required, or if the worker's symptoms are assessed as being too acute, the MA or NA may recommend that the attending physician refer the worker to the Rehabilitation Centre's Medical Rehabilitation Program.

If the worker is awaiting a surgical referral, the MA or NA can recommend that the attending physician refer him/her to the expedited referral service of the Centre's Medical Rehabilitation Program (details of which will be circulated separately).

Where contact with the attending physician reveals that a referral to work conditioning is clinically appropriate but a referral has not taken place and an alternative suitable treatment plan is not available or in place, the MA or NA will collaborate with the attending physician with the aim of achieving a referral to the Continuum or the development of a treatment/rehabilitation plan that is generally consistent with evidence-based clinical practice guidelines. If the first contact with the attending physician does not achieve a referral or development of an alternative suitable plan, the MA or NA will contact the attending physician two weeks later to review the clinical aspects of the case and the treatment/rehabilitation plan. An MA examination may be considered at that point.

**4. *Work Conditioning-Triage***

At Work Conditioning, the workers will initially receive an assessment after which the therapist will select one of several courses of action, usually from the following:

- admit to Work Conditioning,
- discharge from treatment as able to meet the functional/physical requirements of his or her pre-injury job and able to return to work without limitations (fit for a return to work),
- refer to the Centre's Medical Rehabilitation program for assessment if there are medical contraindications to active participation in Work Conditioning,
- refer to an Occupational Rehabilitation program if psychosocial or vocational issues would compromise treatment or interfere with work return, or

- the worker is discharged as fit for a short (one to two week) modified return to work

The assessment report is sent to the Board and the attending physician. Workers assigned to Medical or Occupational Rehabilitation are expected to be admitted within two working days of referral from Work Conditioning. Where workers are referred to other treatment programs, the Work Conditioning therapist will notify the Board immediately.

**5. *Work Conditioning-Treatment***

Workers who remain for treatment in Work Conditioning receive four hours of clinically appropriate exercise and education daily. The therapist can recommend a RTW or can refer to Medical or Occupational Rehabilitation at any time this becomes appropriate. After six weeks of treatment, any workers still assessed as being unfit to return to work owing to the effects of the injury will be sent directly to Occupational Rehabilitation by the Work Conditioning therapist who makes the referral by recontacting designated EIPS staff and advising the Adjudicator and the attending physician.

**6. *Medical Rehabilitation***

Under the direction of a physician, the M.R. program will assess the worker and admit for up to 6 weeks of physician supervised treatment. Medical Rehabilitation patients who have recovered sufficiently to become medically capable of participating in Work Conditioning or Occupational Rehabilitation may be referred back to these other programs, again with an expectation of admittance within two days. This referral would only be made when Medical Rehabilitation staff assess that the worker would need two weeks or more of treatment or where significant psychosocial or vocational issues are complicating recovery. Where this referral is made, Medical Rehabilitation staff will notify the Adjudicator.

**7. *Occupational Rehabilitation***

Occupational Rehabilitation begins with an assessment (following which the worker is usually entered to a full day program that lasts up to 6 weeks). If as a result of this assessment, Occupational Rehabilitation staff consider a worker's response to pain or focus on pain is likely to compromise their ability to benefit from the program, the worker would be referred by them to a pain program. Where this referral is made, the Adjudicator will be notified. Workers referred from Occupational Rehabilitation should be accepted into a pain program within one week of referral.

**Adjudicative Guidelines:**

1. Treatment in the Continuum may be preceded or substituted by workplace disability management programs involving a graduated return to work or a modified return to work where an employer can accommodate the worker and the attending physician is satisfied that such a return to work is not medically contra-indicated. If a worker has not returned to full work duties in the four weeks after the injury, entry into the Continuum should be considered if a full return to work does not appear likely.

## RESCINDED by PD#23 on May 16, 2000

2. Where a worker is discharged from a program without full or expected recovery from the injury and is found to be clinically appropriate for admission to the next program, the worker should be referred to the next treatment program in the Continuum and temporary disability benefits continued. If the initial assessment at the next stage of treatment confirms fitness to return to work, treatment would not continue.

3. If a program assesses the worker as fit for work return and the worker does not return or fails at the return, adjudicative staff will weigh the evidence from all sources and take one of several courses of action including the following:

- refer the worker to the next program in the Continuum where evidence from the attending physician supports a finding of continuing temporary disability,
- request that a Board Medical Advisor contact the attending physician to determine if there is additional evidence which should be weighed before a decision is reached (that evidence may include standardized assessments and examination results following expedited referrals to specialists),
- refer to the Board's Psychology Department if the potential impact of psychological/post-traumatic factors in the case warrants such a referral,
- conclude temporary disability benefits if the evidence shows that the worker is able to meet the functional/physical requirements of his or her pre-injury job.

4. Workers who participate in the pain program without having attended treatment at earlier levels (because they were referred on after only assessment) may be referred by the clinicians back to earlier stages if more general conditioning is required for a durable work return. Thus, referrals can occur in either direction but normally no worker should repeat a stage. Exceptions might include a return to the Continuum after some significant intervention (e.g. a surgery which significantly interrupted a worker's progress in the continuum).

5. Workers not fit for work return after a pain program, or who fail to return to work after a pain program will normally be considered to have plateaued and temporary disability benefits will conclude unless:

- referral back to a skipped program for treatment is appropriate
- new clinical evidence emerges which is unrelated to the Continuum (e.g. a need for surgery which is compensable).

6. The worker should be encouraged to keep in touch with the employer at all stages of treatment and advise the Board if any RTW problems are likely to be encountered.

7. Referrals to Vocational Rehabilitation Services and the Disability Awards Department are to be made in accordance with normal policy and practice.

8. Where a worker has returned to work following treatment in the Continuum and the attending physician prescribes physiotherapy, the worker will not normally be returned to the continuum. Efforts will be aimed at supporting the worker's at work status. Alternatively, MA or specialist advice should be sought.

As in normal practice, a decision to conclude compensation may be reconsidered where new medical evidence supports a conclusion that the worker has a disability requiring treatment and it is related to the compensable injury.

**Whom to Contact:**

1. Brief program description and a list of program contacts is attached. Further instructions on how to access the Medical Rehabilitation Specialist Clinic will be available separately.
2. Provider performance and outcomes will be monitored by the Program Evaluation and Research Unit and Health Care Services. Serious concerns with provider performance should be brought to the immediate attention of the Executive Director, Health Care Services, by the SDL or Area Office manager.

Future Evaluation/Program Changes

Outcomes of this initiative and other feedback will be evaluated on an ongoing basis and changes in this Directive will be issued as necessary.

**Leslie R. Peterson Rehabilitation Centre**  
**CLINICAL PROGRAMME & CONTACT INFORMATION**

Programme	Contact
<p>Work Conditioning</p> <ul style="list-style-type: none"> <li>• first treatment of Continuum</li> <li>• initial assessment to determine suitability, RTW eligibility</li> <li>• physiotherapy only</li> <li>• offering education and progressive exercise</li> <li>• half day program up to 6 weeks in length</li> </ul>	<p>Tel: 279-8184            Fax: 276-5116            Charge #: 701</p> <p>Andy Butterfield, Manager            279-7449</p>
<p>Occupational Rehabilitation</p> <ul style="list-style-type: none"> <li>• second level of Continuum</li> <li>• physiotherapists, O.T.s, physicians and psychologists</li> <li>• for clients with psychosocial, physical and functional barriers to work return</li> <li>• full days up to 6 weeks</li> </ul>	<p>Tel: 231-8429            Fax: 279-8117            Charge#: 44</p> <p>Vlad Yakimov, Manager            279-7665</p>
<p>Medical Rehabilitation</p> <ul style="list-style-type: none"> <li>• second level of Continuum</li> <li>• physiotherapists, O.T.s, physicians and psychologists</li> <li>• for clients acute medical issues or who require close medical supervision, or complex medical work-up</li> <li>• full days up to 6 weeks</li> </ul> <p>Also: <b>Speciality clinics</b></p> <ul style="list-style-type: none"> <li>• prominent specialists available for expedited consultation and surgical intervention</li> </ul> <p>Also: <b>Lower Limb Orthotics Clinic, amputee services and orthotic shoe review</b></p>	<p>Tel: 276-5119            Fax: 279-8117            Charge #: 44</p> <p>Ruth Friesen, Manager            276-3042</p>
<p>Interdisciplinary Pain Programmes</p> <ul style="list-style-type: none"> <li>• final level of Continuum</li> <li>• Vocational Rehabilitation Consultants, physiotherapists, O.T.s, physicians and psychologists</li> <li>• for clients who failed at the second level and who have pain related issues</li> <li>• full days up to 6 weeks</li> </ul>	<p>Tel: 276-3245            Fax: 231-8424            Charge #: 1339</p> <p>Vlad Yakimov, Manager            279-7665</p>
<b>Programs not part of the Continuum</b>	
<p>Hand Unit</p> <ul style="list-style-type: none"> <li>• hand therapists (specialized OTs and Physios)</li> <li>• for acute hand and upper extremity injuries</li> <li>• require very early referral (within 48 hrs of surgery or injury)</li> <li>• treatment frequency and duration dependent on need</li> </ul>	<p>Tel: 279-7576            Fax: 231-8423            Charge #: 44H</p> <p>Grace Hoyrup, Manager            279-7646</p>
<p>Head Injury Unit</p> <ul style="list-style-type: none"> <li>• multidisciplinary assessment of head injury</li> <li>• only where symptoms have persisted 3 months with mild head injury</li> <li>• adjudication, clinical management and treatment referral</li> <li>• CA, VRCs, neuropsychologists, specialist physicians, OTs, physio.</li> </ul>	<p>Tel: 279-7635            Fax: 279-7405            Charge #: 1167</p> <p>Margaret Perry, Manager            276-3244</p>
<p>Functional Evaluation Unit</p> <ul style="list-style-type: none"> <li>• functional capacity assessments</li> <li>• two weeks for VRCS to assist in determining work fitness</li> <li>• brief to assist in treatment planning</li> </ul> <p>Also: <b>ASTD pilot</b></p> <ul style="list-style-type: none"> <li>• physician, Ots</li> </ul> <p>will provide consultation, education, worksite intervention</p>	<p>Tel: 276-3272            Fax: 279-7698            Charge #: 1030 or 1030E</p> <p>Chris Hartmann, Manager            276-3272, Local 2512</p>