

## Purpose

Treatment beyond the rehabilitative / Maximum Medical Recovery (MMR) stage is generally referred to as “maintenance treatment”. It may be requested by the health professional, when, in his/her opinion, it would be of benefit to the worker. The purpose of maintenance treatment is to prevent deterioration, rather than to rehabilitate. Health professionals may also recommend treatment to enable a reduction or avoidance of medication use.

The purpose of this document is to further define the term “maintenance treatment” and provide the decision-maker with some guidelines to apply when considering the appropriateness of this type of treatment.

This document will not address the appropriateness of extensions of treatment beyond the initial twelve week period, the purpose of which is still considered to be rehabilitation. What would make these extensions necessary, sufficient or appropriate needs to be considered in that context, and is not the subject of this paper.

## Table of Contents

1	Purpose
1	Principles
1	Legislation and Policy
2	Research Information
2	Factors to Consider
3	Examples of Appropriate Maintenance Treatment
3	Conclusion
4	Putting It All Together – Checklist, Scenario A, Sample Decision Memo, Scenario B, Sample Decision Letters

## Maintenance Treatment

### Principles

- In determining whether to authorize treatment beyond 12 weeks, the decision-maker must be satisfied based on objective medical findings, that the treatment is necessary to achieve one or more of the following objectives:
  - Enables the worker to continue working at regular or suitable work
  - Leads to a reduction in the worker’s pain and/or decreases the workers medication use
  - Increases the worker’s level of functioning or prevents a deterioration in the worker’s level of functioning
  - Teaches the worker independent management of their condition
- The decision-maker must decide each request on its own merits, which includes assessing all objective medical evidence in reaching a decision
- Entitlement for other forms of maintenance treatment provided by health professionals will also be determined on their own merits, applying the criteria set out previously

### Legislation and Policy

Section 33(1) of the *Workplace Safety and Insurance Act (WSIA)* states that:

A worker who sustains an injury is entitled to such health care as may be necessary, appropriate and sufficient as a result of the injury and is entitled to make the initial choice of health professional for the purposes of this section.

Workplace Safety and Insurance Board (WSIB) policy 17-01-03 ‘Choice and Change of Health Professional’ provides that initial entitlement for chiropractic and physiotherapy treatments will be covered for a period up to twelve weeks. Treatment beyond that must be pre-authorized.

Existing WSIB policy is silent on the question of entitlement to “maintenance treatment”. This has historically been interpreted to indicate that it is not accepted.

Learning and Development Branch

## Research Information

There is not a great deal of published research information on the topic of maintenance treatment. In one journal article, Flanagan and Green (2000)<sup>1</sup> secured input from 91 physiotherapists to establish a consensus definition of maintenance treatment. It notes in part:

*Maintenance physiotherapy begins when all other avenues of rehabilitation to return injured persons to their former status have been exhausted and/or the best efforts of patients have failed to return them to their best outcome of rehabilitation. The result of this failure is a significant deterioration in patients' functional capacity and quality of life. Further physiotherapy in the form of maintenance physiotherapy is deemed appropriate to prevent further deterioration and/or optimize the patient's functional capacity and quality of life. There must be a clinical diagnosis, which supports justification of maintenance physiotherapy.*

*The efficacy of maintenance physiotherapy must be consistently demonstrated by currently recognized outcome measures. Without measurable outcome effects, maintenance physiotherapy is not justifiable.*

*Various stages in maintenance physiotherapy are accepted. There will be patients who will eventually become independent of maintenance physiotherapy. Other patients will require maintenance physiotherapy for an indefinite period, while there will be a group of patients who will require concurrent management from other health professionals.*

The principles are well reasoned and it is helpful to use/apply these when considering/evaluating other 'maintenance treatment' interventions.

The Canadian Chiropractic Association Clinical Guidelines for Chiropractic Practice in Canada (1994) provides the following definition for long term chiropractic care. The definition uses the word 'supportive care' which can be considered to equate to 'maintenance treatment' for WSIB purposes.

*Supportive Care: Treatment for patients who have reached maximum therapeutic benefit, but who fail to sustain this benefit and progressively deteriorate when there are periodic trials of withdrawal of treatment. Supportive care follows appropriate application of active and passive care including rehabilitation and lifestyle modifications. It is appropriate when alternative care options, including home-based self-care, have been considered and attempted. Supportive care may be inappropriate when it interferes with other appropriate primary care, or when the risk of supportive care outweighs its benefits, i.e. physician dependence, somatization, illness behaviour, or secondary gain.*

<sup>1</sup> Flanagan, T., & Green, S. (2000). The concept of maintenance physiotherapy, *Australian Journal of Physiotherapy*, 46, 271-278.

## Factors to Consider When Determining Appropriateness of Maintenance Treatment

Maintenance treatment should be considered when one or more of the following criteria are met. Fundamental to the evaluation is that the treatment is related to the current area of entitlement. It should always be subject to review, and the ongoing need supported medically. The frequency and nature of the review will vary with the situation. Each case should be viewed on its own merits.

1. Is there current and specific medical information available to support the treatment? Is there other treatment not yet explored that might be more appropriate? Is the provider reasoning well described and supported?
2. Has the treatment to date prevented aggravation/exacerbation of symptoms? If so, is there an expectation that the proposed treatment will do so as well?
3. Is it expected that the proposed treatment will result in a decrease in the worker's pain and corresponding reduction in the frequency or dosage of medication?
4. Is it expected that the proposed treatment will increase level of function (for example – increase the ability to perform the activities of daily living, increase ambulation distance, increase ability to lift/carry)?
5. Will the treatment teach/reinforce independent management of his/her condition? (For example, does it include home exercises or other suggested modifications in activity?)
6. Will the treatment enable the worker to continue working at regular or suitable work?
7. Have previous attempts at discontinuation of treatment resulted in the inability to maintain the worker's functional level and return to work status?

## Learning and Development Branch

## Examples of Appropriate Maintenance Treatment

The following are several examples of situations where maintenance treatment would be appropriate.

### Example 1

Worker is considered unemployable in the general job market, from a combination of work related conditions including his back. As a result of receiving chiropractic treatment once a week the individual has been able to reduce his medication requirement. This has allowed him to be more active in handling some of his personal tasks such as shopping and attending social events. His treating physician has noted that prior instances in which the treatment was stopped resulted in increased pain which was addressed by increasing the quantity of medication.

### Example 2

Worker has a knee injury for which he has a permanent impairment of 17.5%. This worker is 45 years of age. It is the opinion of the treating physician that the weekly physiotherapy treatment he receives is enabling him to stay at work. There is an expectation that the knee condition will deteriorate and a knee replacement will be needed, but the worker is considered too young to have this surgery, and is managing well with the aid of the weekly therapy. Medical reports are requested every three months to review the objective findings.

### Example 3

A worker suffered a serious accident that resulted in paraplegia. He was re-trained to be a customer service representative. To assist in managing his pain, he was taking a significant amount of narcotic medication. This was affecting his work performance. He was introduced to chiropractic treatment. While receiving treatment, his medication use

decreased 50% and he had improved sleep. This resulted in better work performance and the use of fewer sick days. The treatment was stopped and within 6 weeks he noticed the need to increase his medication to cope with the pain. The worker returned to the chiropractor who requested 'supportive care' once per week be authorized. With the supportive care, the medication use decreased once again and his work performance was maintained.

## Conclusion

Determining entitlement in maintenance treatment situations requires a thorough assessment of the request and the file record. In situations where there is a lack of information, it is helpful to contact the health professional involved.

If there remains a question whether the suggested benefits reasonably match the recommended outcomes, the decision-maker may request advice from the medical consultant or an opinion from the nurse case manager as to the appropriateness of the treatment.

When assessing differing medical opinions, the decision-maker can refer to the Best Approaches document – *Weighing of Medical Evidence* for additional guidance

## Putting it all Together

When considering maintenance treatment, take a look at this checklist of questions. It may be helpful to compare the situation to this checklist when you are considering the appropriateness of the treatment.

	<b>Is the treatment related to the current area of entitlement?</b>
	<b>Is there medical information to support the treatment? Is the rationale well supported and described? Is it a form of treatment recognized by the WSIB?</b>
	<b>Will the treatment allow the worker to continue working at suitable or regular work with minimal lost time?</b>
	<b>Have previous attempts at stopping the treatment adversely affected the worker's condition or ability to work?</b>
	<b>Does the treatment reinforce independent management of the condition? (For example, does it include home exercises?)</b>
	<b>Is there other treatment that might be more appropriate?</b>
	<b>Will the treatment lead to a reduction in the worker's pain and their need/use of medication?</b>

## Scenario A – Sample Decision Memo

### Worker C. Reid – Assumption Current Date is Oct. 18, 2005 – Memo 213

**Issue:** Acupuncture treatment on a maintenance basis

**History:**

On March 16, 2003 this then 24 year old wood cutter sustained a severe laceration to the left forearm. He returned to regular work on September 13, 2004 with his accident employer. He has a 25% Non Economic Loss award for the injury.

**Medical:**

The initial diagnosis was laceration of ulnar nerve, left forearm. Mr. Reid has had several surgeries. Please note detailed medical history outlined in Memo 211. All reports are on file.

Mr. Reid required pain medication to function and to sleep. He was, however, unable to tolerate pain medication, even though several types were tried. His doctor referred him to a regulated health care professional who provided acupuncture to see if he could get any relief from the pain. The results were positive, and the reports indicated good pain control, an increased ability to do more activities and a pain level of 0/10.

Noting the success following the initial series of interventions, it was suggested he continue to receive biweekly acupuncture treatment. He has been doing so since June of 2005. .

His specialist, Dr. Kensing, is supportive of the treatments – Please note most recent report on file dated August 25, 2005.

**Pertinent Facts:**

Mr. Reid's pain is the result of his work related injury. The initial series of acupuncture treatment was allowed. When the request for ongoing treatment was received it was felt there was incomplete evidence to support the request. Please note memo 189. Subsequent to this the report from Dr. Kensing was received.

A case conference was held – Memo 212 – to discuss the situation. The manager and nurse case manager participated, and a medical opinion was on file from the medical consultant – Memo 211.

Mr. Reid's employer is aware of the treatments (which the worker has been paying for). He has made it known that he would oppose the WSIB paying for them.

**Decision:**

All of the information points to the fact that Mr. Reid benefits from these acupuncture treatments. His pain level is tolerable; he is able to sleep at night and to function comfortably at work. He was able to increase his daily activities as a result of the acupuncture treatments. He cannot tolerate pain medication, and even if he could, treatment to lower the amount would be beneficial.

I have accepted entitlement for these treatments. A detailed report will be requested every six months from the treating health professional providing the acupuncture intervention to ensure it continues to achieve positive health outcomes noted above.

<b>Scenario B</b>
-------------------

**The following is a second possible scenario, resulting in an adverse decision to the worker.**

- The bi-weekly treatment has not resulted in a change in the pain level which would allow Mr. Reid to return to work.
- Mr. Reid would like to explore further surgery
- Mr. Reid cannot tolerate pain medication well, but when he was taking the medication, he did not feel it was making a significant difference
- His physician has noted some signs of a chronic pain syndrome and is recommending a pain management program, or referral to a cognitive-behavioural type of pain management program
- The NCM/MC spoke to the physician who agreed to reinforce with the worker the other treatment options.

## Sample Decision Letters

### Decision Letter to Employer – Based on Scenario A



200 Front Street West  
Toronto ON M5V 3J1

(416) 344-1000  
1-800-387-0750  
Fax: (416) 344-4684  
TTY: 1-800-387-0050

200, rue Front Ouest  
Toronto ON M5V 3J1

(416) 344-1000  
1-800-387-0750  
Télécopieur: (416) 344-4684  
ATS: 1-800-387-0050

Date

MR (FIRST NAME) CURTIS  
CURTIS FORESTRY  
2345 ANYWHERE STREET  
SOMEWHERE, ON M5W 3J9

*REID, First Name*  
**Claim 12345678**

When writing the WSIB please  
quote the above file number.

Indiquez le numéro de dossier  
dans toute correspondance  
avec la CSPAAT.

Dear Mr. Curtis:

As we discussed today on the telephone, you have concerns about the payment for ongoing acupuncture treatments related to Mr. Reid's accident of March 2003 when he cut his arm while using a chain saw. You feel that at this point in time these treatments should not be part of the costs of the claim.

Section 33 (1) and (2) of the *Workplace Safety and Insurance Act (WSIA)* state:

A worker who sustains an injury is entitled to such health care as may be necessary, appropriate and sufficient as a result of the injury and is entitled to make the initial choice of health professional for the purposes of this section.

The Board may arrange for the worker's health care or may approve arrangements for his or her health care. The Board shall pay for the worker's health care.

Mr. Reid's accident was significant and required several surgeries and extensive therapy. He was left with a permanent impairment for which he received a 25% Non Economic Loss (NEL) award. This recognizes the fact that even after the maximum recovery possible, he still has physical limitations.

Since June of 2005 Mr. Reid has been receiving acupuncture treatments from his health professional approximately twice a week. This is supported by his family doctor and his specialist. The reports from the health professional providing acupuncture show a good result from the treatment. They seem to be very helpful from a pain management as well as a functional point of view. As you know, Mr. Reid has been doing his pre-accident job since his return to work, despite his limitations.

The purpose of most treatment approved by and paid for by the Workplace Safety and Insurance Board (WSIB) is rehabilitation. However, each case is looked at individually.

REID, First Name  
Claim 12345678  
Date  
Page 2

Given Mr. Reid's particular set of circumstances, treatment to maintain his condition and to enable him to remain at work is reasonable. I am, therefore, arranging for Mr. Reid to be reimbursed for his past acupuncture treatment, and the WSIB will pay for his future treatments. The payment in the future is subject to ongoing review, based on feedback from Mr. Reid, his family doctor and the health professional providing the acupuncture.

If you have any further information that you would like me to consider, please call me so we can talk about it.

If you do not understand the reasons for the decision, or if you do not agree with the conclusions reached, I would be pleased to discuss your concerns.

I also wish to inform you that the Workplace Safety and Insurance Act (the Act) imposes time limits on appeals. If you plan to appeal the decision, the Act requires that you notify me in writing by (insert six month deadline).

Yours sincerely,

Adjudicator's Name  
Adjudicator  
Service Delivery

Phone Number

Copy:            Worker  
                  Representative, if applicable



## Decision Letter to Worker – Based on Scenario B



200 Front Street West  
Toronto ON M5V 3J1

(416) 344-1000  
1-800-387-0750  
Fax: (416) 344-4684  
TTY: 1-800-387-0050

200, rue Front Ouest  
Toronto ON M5V 3J1

(416) 344-1000  
1-800-387-0750  
Télécopieur: (416) 344-4684  
ATS: 1-800-387-0050

Date

MR (FIRST NAME) REID  
1234 ANYWHERE STREET  
SOMEWHERE, ON M5W 3J9

*REID, First Name*  
**Claim 12345678**

When writing the WSIB please  
quote the above file number.

Indiquez le numéro de dossier  
dans toute correspondance  
avec la CSPAAT.

Dear Mr. Reid:

This letter is to confirm our telephone conversation about reimbursement for acupuncture treatments that you have been receiving, as well as payment for future acupuncture treatments that you are relating to your accident of March 2003.

Section 33 (1) and (2) of the *Workplace Safety and Insurance Act (WSIA)* state:

A worker who sustains an injury is entitled to such health care as may be necessary, appropriate and sufficient as a result of the injury and is entitled to make the initial choice of health professional for the purposes of this section.

The Board may arrange for the worker's health care or may approve arrangements for his or her health care. The Board shall pay for the worker's health care

When making my decision, I took the following factors into consideration:

- Is there an expectation that the treatment will result in a decrease in pain, and therefore the amount of pain medication required?
- Is there other treatment not yet explored that might be more appropriate?
- Will the treatment allow you to remain at work?
- Will the treatment lead to an increase in your physical functioning?

In your case, no further significant recovery from your injury is expected. You received a 25% Non Economic Loss award in recognition of the fact that you have permanent impairment related to your accident.

You have been receiving this treatment for some time, and it has not resulted in a significant reduction in your pain, or an improvement in your physical abilities. You have not returned to work since your accident, so there is no evidence to support the payment of the acupuncture treatments from that perspective.

Reid, First Name

[www.wsib.on.ca](http://www.wsib.on.ca)

Learning and Development Branch

Claim 12345678

Date

Page 2

I have noted that your doctor has suggested other potential treatment options. This does suggest that there may be treatment other than acupuncture that could be more appropriate for you and will give you a better result. It is suggested that you discuss this with your physician.

Mr. Reid, I have carefully reviewed all of the information that you have provided me with, as well as the medical reports on file. I am unable to allow the payment for the acupuncture treatment you have received since June 2005.

If you have any further information that you would like me to consider, please call me so we can talk about it.

If you do not understand the reasons for the decision, or if you do not agree with the conclusions reached, I would be pleased to discuss your concerns.

I also wish to inform you that the Workplace Safety and Insurance Act (the Act) imposes time limits on appeals. If you plan to appeal the decision, the Act requires that you notify me in writing by (insert six month deadline).

Yours sincerely,

Adjudicator's Name  
Adjudicator  
Service Delivery

Phone Number

Copy: Employer  
Representative, if applicable