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Property & Casualty
) **Auto**

Physiotherapy fees and utilization guidelines for auto insurance accident claimants

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To the attention of all insurance companies licensed to transact automobile insurance in Ontario

The Ontario Insurance Commission (OIC) has issued the Professional Fee Guideline - Physiotherapists (Fee Guideline) and the Physiotherapy Utilization Guidelines for Soft Tissue Disorders of the Spine (Utilization Guideline) as a result of recommendations made by the industry's Bill 59 Fees Committee (the Committee) and the Ontario Physiotherapy Association (OPA).

The recommendations deal with physiotherapy fees and utilization guidelines with respect to auto insurance accident claimants and presents an improved co-ordinated approach by the parties to ensure better management of the treatments provided to claimants and to facilitate claimants' timely return to normal activities, including work.

Copies of the report outlining the joint recommendations, entitled Joint Report to the Bill 59 Fees Committee, may be obtained by physiotherapists from the OPA and by insurers from the Insurance Bureau of Canada.

The guidelines were originally published in the November 22, 1997 edition of The Ontario Gazette. The Fee Guideline was issued by the Commissioner of Insurance who is authorized under Subsections 14 (4), 15 (6), 17 (2) and 24 (2) of the *Statutory Accident Benefits Schedule - Accidents on or After November 1, 1996* (*SABS*) to issue professional fees guidelines. It applies to expenses incurred on or after November 22, 1997. The Utilization Guidelines were also issued by the Commissioner of Insurance who is authorized under Section 268.3 of the *Insurance Act* (*Act*) to issue guidelines on the interpretation and operation of the *SABS*. They apply to all accidents occurring on or after November 22, 1997.

The insurance industry and the OPA have agreed to review the issues or the impact of the guidelines -- should either party request a review -- 18 months after the publication of the guidelines dealing with these matters. It was also agreed that an automatic review will be made three years after the issuing of such guidelines.

Distribution of Physiotherapy Guideline to DR Coordinators, Claims and Adjusting Departments

Guidelines issued under the *Insurance Act* are important information documents. The OIC, therefore, urges insurance companies to ensure that copies of the attached Physiotherapy Utilization Guidelines for Soft Tissue Disorders of the Spine are provided to their claims and adjusting staff as well as to their Alternative Dispute Resolution (ADR) Co-ordinators. Insurers should note that these Guidelines will be incorporated into the next Dispute Resolution Practice Code update.

Dina Palozzi
Commissioner of Insurance

November 24, 1997

Enclosures: Professional Fees Guideline - Physiotherapists
Physiotherapy Utilization Guidelines for Soft Tissue Disorders of the Spine

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Professional Fees Guideline - Physiotherapists

This guideline is issued pursuant to Subsections 14 (4), 15 (6), 17 (2) and 24 (2) of the *Statutory Accident Benefits Schedule - Accidents on or After November 1, 1996* (SABS) and applies to expenses incurred on or after November 22, 1997.

Purpose

This guideline sets out the maximum rate or amount of expenses for the services of a physiotherapist that an insurer is liable to pay for:

- a medical benefit under Subsections 14 (2) (b) or (h) of the SABS;
- a rehabilitation benefit under Subsections 15 (5) (a) to (g) or 15 (5) (l) of the SABS; or
- conducting an examination or assessment or providing a certificate, report or treatment plan under Subsection 24 (1) (a) of the SABS.

Fees for Physiotherapists

The range of fees for services provided by physiotherapists is $95.00 per hour to $120.00 per hour for direct (one on one) treatment time (including administrative time such as report writing, treatment plan preparation, inter-professional and professional-insurer consultations).

The range of fees per unit (15 minutes) of service is $23.75 to $30.00.

Where a physiotherapist's bill falls within the range of fees, it should be based on the physiotherapist's assessment of their practice outcomes and on objective and verifiable data, not on overhead, professional certification, accreditation or other factors.

Physiotherapy Utilization Guidelines for Soft Tissue Disorders of the Spine

Where applicable, physiotherapists and insurers should consider the clinical intervention and duration of treatment set out in the Physiotherapy Utilization Guidelines for Soft Tissue Disorders of the Spine that were published in The Ontario Gazette on November 22, 1997 pursuant to Section 268.3 of the *Insurance Act*.

Ontario Insurance Commission

Commission des assurances de l'Ontario

November 24, 1997

Physiotherapy Utilization Guidelines for Soft Tissue Disorders of the Spine

Commissioner's Guideline No. 2/97

Physiotherapy Utilization Guidelines for Soft Tissue Disorders of the Spine

Part 1: Introduction

These guidelines are issued pursuant to Section 268.3 of the *Insurance Act*.

These guidelines apply to all accidents occurring on or after November 22, 1997 and are intended to help insurers, claimants and providers understand what services should be provided by a physiotherapist for a person who has sustained a soft tissue disorder of the spine in an auto accident. These guidelines are not to be used to dictate treatment in any particular case. The purpose of the guidelines is to guide and to help distinguish exceptional cases, or to trigger special consideration.

I. Preamble

The keys to the management of soft tissue injuries are early access to assessment and cost effective treatment. To ensure expedient management of the injured person and timely return to normal activities, including work, it is imperative to engage in a coordinated approach using effective channels of communication with all stakeholders. The model presented in Part 3 of this document reflects the recommended physiotherapy interventions and utilization, including costs for typical spinal soft tissue injuries. These utilization guidelines are meant to be used in conjunction with the *Professional Fee Guideline - Physiotherapists,* as published in The Ontario Gazette, which defines a unit billing system with a maximum billing rate based on a unit of 15 minutes of direct physiotherapist time.

The critical element of these guidelines is that they are assessment-driven. Their purpose is to identify the reasonable and necessary level of care for a patient's recovery as defined by a return to pre-accident or pre-injury status, or where that is not possible, the highest reasonably attainable level of physical function. Essential in the development of these guidelines is the consideration of the most current literature as well as sound clinical expertise *(or consensus).* It is also essential that all parties clearly understand the purpose of practice guidelines as well as their limitations.

II. Whiplash Associated Disorders

Whiplash is an acceleration-deceleration mechanism of energy transfer to the neck. It may be caused by rear-end or side-impact motor vehicle collisions. The impact may result in bony or soft-tissue injuries, which in turn may lead to a variety of clinical manifestations ('Whiplash Associated Disorders'). Because of their evidence-based content, practicality and widespread use, it makes sense to adopt

the classifications of the Quebec Task Force (QTF) on Whiplash Associated Disorders (WAD). These are as follows:

WAD I: Neck complaint of pain, stiffness or tenderness only. No physical sign(s)

WAD II: Neck complaint of pain AND musculoskeletal sign(s) which include decreased range of motion and point tenderness

WAD III: Neck complaints of pain AND neurological signs which include decreased or absent deep tendon reflexes, weakness and sensory deficits

WAD IV: Neck complaints of pain AND fracture or dislocation because WAD Grades I, II and III are the most commonly seen in out-patient physiotherapy practices, these utilization guidelines only address Grades I, II and III.

III. Low Back Conditions

The concepts outlined by the Agency for Health Care Policy Research (AHCPR) in its Clinical Practice Guidelines on Acute Low Back Problems and the United Kingdom Guidelines have been integrated into our treatment guidelines for the management of low back injuries. These guidelines are for acute low back pain (i.e. conditions of less than three months' duration) and can be classified as either:

1. Non-specific back symptoms - back pain occurring mainly in the back and suggesting neither nerve root compromise nor a serious underlying pathology; and

2. Sciatica - low back related lower limb symptoms suggesting lumbosacral nerve root compromise, e.g. neurological signs which include decreased or absent deep tendon reflexes, weakness and sensory deficits.

Part 2: Background

I. Treatment Guidelines

The clinical management of both WAD and low back conditions involves three main components: reassurance, timely return to normal activities, and pain management. These concepts form the basis for clinical interventions at each phase of recovery: acute, subacute, and chronic/rehabilitation. It is expected that the interventions outlined in each phase will result in the injured person's return to normal activities, where reasonably possible, and at the same time reduce/manage their symptoms. The treatment guidelines in the acute and subacute phase apply to those that have returned to work following a motor vehicle accident as well as to those who remain off work. For both these patient groups the treatment intervention should be similar, except for

the vigorous promotion of an early return to work for the non-working patient. In the third phase of treatment it is necessary to separate the working from the non-working group due to significant differences in their treatment needs.

Should an injured person not be successful in returning to normal activities after the acute phase of treatment there should be consultation with and agreement by the insurance company prior to the initiation of the second treatment phase. In the event that a patient is unsuccessful in returning to pre-accident activities after the sub-acute phase (e.g. the disability still exits) a comprehensive evaluation should occur. If physical limitations are preventing a return to work/activities, a functional capacity evaluation is recommended. Depending on the presence of other barriers the appropriate Independent Examination (IE) should be considered. Lastly, if a disability persists following the chronic rehabilitation phase a comprehensive assessment is strongly recommended prior to the continuation or introduction of treatment.

II. Indicators of Delayed Recovery

The factors listed in the table below are indicators of delayed recovery for Whiplash Associated Disorders. These are useful tools to help determine which patients are at a higher risk of slower recovery. Patients with expected slower recovery may require longer and more aggressive treatment.[1]

Demographics	Accident History	Medical History
1. Female 2. Older Age 3. Two or more dependents 4. Married/Cohabital	1. Collision with fatality severe injury 2. Collision other than rear-ended 3. Vehicle other than a car or taxi	1. Multiple injuries 2. Finger paraesthesia 3. Pre-trauma headache with concurrent neck pain 4. Presence of musculo-skeletal signs within three days of MVA

[1]WAD Guidelines.

For low back conditions the following table outlines the *Red Flags* which may indicate delayed recovery times.[2] Unfortunately, indicators for delayed recovery do not exist for low back injuries caused by motor vehicle accidents.

Demographics	Accident History	Pathology

1. Age of onset <20 years or >55 years	1. Violent trauma 2. Constant, progressive non-mechanical pain 3. Past medical history of carcinoma 4. Systemic steroids 5. Drug abuse 6. Systematically unwell 7. Weight loss 8. Persisting severe restriction of lumbar flexion 9. Widespread neurology 10. Thoracic pain	1. Fracture 2. Tumour 3. Infection 4. Cauda Equina Syndrome 5. Non-spinal pathology (vascular, abdominal, urinary or pelvic)

III. Assumptions

The following assumptions are made for the Physiotherapy Utilization Guidelines which follow in Part 3.

- A comprehensive initial assessment, meeting the standards established by the College of Physiotherapists of Ontario, must be completed on all clients before an appropriate treatment program can be designed and implemented.

- Clinical interventions noted are not intended to be an all-inclusive list.

[2]Agency for Health Care Policy and Research, December 1994, *AHCPR Clinical Practice Guidelines for Acute Low Back Problems* (Consumer Version), Rockville, MD: U.S. Department of Health and Human Services.

- The Duration of Treatment in each phase is presented as characteristic and may vary from one practice to another and from one client to another. The total costs however, in the absence of indicators of delayed recovery are not expected to exceed the ranges provided.

- The time frames for the acute, subacute and chronic phases (e.g. Acute Phase 0 - 6 weeks) refer to the elapsed time since injury and are based on normal soft-tissue healing times. **All patients may not progress through each treatment phase.**

IV. Definitions

Pain Control: components may include a variety of techniques ranging from the application of physical modalities such as ice, heat, ultrasound or electrical stimulation and a regimen of mobilization or manipulation. These techniques should each be used in combination with the implementation of appropriate range of motion and other types of mobility exercises all of which have, as their key aim the control of pain symptoms.

Injury Specific Exercise/Education: components may include: instructing clients on avoiding further injury and facilitating their own recovery, emphasizing long-term self-directed management based on exercise and lifestyle changes; teaching patients to perform functional activities or activities of daily living; and exercise designed specifically to address the impairment.

Work Conditioning: an intensive, goal-oriented treatment program designed to restore an individual's systemic, neurological, musculoskeletal (strength, endurance, movement flexibility and motor control) and cardiopulmonary functions. The objective of the program is to restore the clients physical capacity and function so the client can return to work and/or their usual activities.

Work Hardening: work hardening uses real or simulated activities to progressively improve the injured person's ability to return to work, in conjunction with physical conditioning tasks. Work hardening is highly structured, goal-oriented and individualized and provides a transition between acute care and return to work while addressing the issue of productivity, safety, physical tolerances and work behaviours. A distinction can be made between clinic-based work hardening that simulates jobs, and employer based work hardening that facilitates work adjustment.

Work Preparation Activities: the simulation of work activities to progressively improve the injured clients' ability to return to work, in conjunction with physical conditioning tasks.

Chronic Pain Management: a functional and behavioural approach to the management of chronic pain.

Part 3: Physiotherapy Utilization Guidelines

See attached.

WAD I - PHYSIOTHERAPY UTILIZATION

	ACUTE PHASE (0 - 6 weeks)	FURTHER CONSULTATION & AGREEMENT WITH INSURER	SUB-ACUTE PHASE (6 -12 weeks)	SPECIALIZED ASSESSMENT (FCE/IE) (Recommended if disability and/or symptoms	REHABILITATION/CHRONIC (> 12 weeks)		APPROPRIATE ASSESSMENT (Recommended if disability and/or symptoms
					Patient not working	Patient at work	
CLINICAL INTERVENTION	1. Pain Control 2. Promote immediate return to usual activities including work		1. Injury Specific Exercise / Education 2. Work Preparation Activities 3. Pain Control as required		Specialized Programs e.g. 1. Work Conditioning (W.C.) 2. Work Hardening (W.H.) 3. Chronic Pain Management (C.P.M.)	1. Injury Specific Exercise / Education 2. Pain Control as Required	
DURATION	Up to 6 weeks		Up to 6 weeks		W.C. & W.H. - 8 weeks C.P.M. - 12 weeks	Up to 6 weeks	
TOTAL VISITS	4 - 6		Up to 18		W.C. & W.H. - 40 C.P.M. - 60	Up to 30	
NUMBER OF TIME UNITS	1 - 2		1 - 2		1 - 4	Up to 2	
TOTAL COST	@ $95 - 120/hr $95 - 360		@ $95 - 120/hr $427.50 - 1080		W.C. & W.H. @ $95 -120/hr $950 - 4800 C.P.M. $1425 - 7200	@ $95 - 120/hr $712.50 - 1800	

WAD II - PHYSIOTHERAPY UTILIZATION

Physiotherapy Utilization Guidelines for Soft Tissue Disorders of the Spine	**ACUTE PHASE (0 - 6 weeks)**	FURTHER CONSULTATION & AGREEMENT WITH INSURER	**SUB-ACUTE PHASE (6 -12 weeks)**	SPECIALIZED ASSESSMENT (FCE/IE) (Recommended if disability and/or symptoms	**REHABILITATION/CHRONIC (> 12 weeks)**		APPROPRIATE ASSESSMENT (Recommended if disability and/or symptoms
					Patient not working	**Patient at work**	
CLINICAL INTERVENTION	1. Pain Control 2. Injury Specific Exercise / Education 3. Promote early return to usual activities, including work		1. Injury Specific Exercise / Education 2. Work Preparation Activities 3. Pain Control as Required		Specialized Programs e.g. 1. Work Conditioning (W.C.) 2. Work Hardening (W.H.) 3. Chronic Pain Management (C.P.M.)	1. Injury Specific Exercise / Education 2. Pain Control as Required	
DURATION	Up to 6 weeks		Up to 6 weeks		W.C. & W.H. - 8 weeks C.P.M. - 12 weeks	Up to 6 weeks	
TOTAL VISITS	Up to 18		Up to 30		W.C. & W.H. - 40 C.P.M. - 60	Up to 30	
NUMBER OF TIME UNITS	1 - 2		1 - 2		1 - 4	1 - 2	
TOTAL COST	@ 95 - 120/hr $427.50 - 1080		@ 95 - 120/hr $1425 - 1800		W.C. & W.H. @ 95 - 120/hr $950 - 4800 C.P.M. $1425 - 7200	@ 95 - 120/hr $712.50 - 1800	

WAD III - PHYSIOTHERAPY UTILIZATION

	ACUTE PHASE (0 - 6 weeks)	FURTHER CONSULTATION & AGREEMENT WITH INSURER	SUB-ACUTE PHASE (6 -12 weeks)	SPECIALIZED ASSESSMENT (FCE/IE) (Recommended if disability and/or symptoms	REHABILITATION/CHRONIC (> 12 weeks)		APPROPRIATE ASSESSMENT (Recommended if disability and/or symptoms
					Patient not working	Patient at work	
CLINICAL INTERVENTION	1. Pain Control 2. Injury Specific Exercise / Education 3. Promote return to activity as tolerated		1. Injury Specific Exercise / Education 2. Work Preparation Activities 3. Pain Control as Required		Specialized Programs e.g. 1. Work Conditioning (W.C.) 2. Work Hardening (W.H.) 3. Chronic Pain Management (C.P.M.)	1. Injury Specific Exercise / Education 2. Pain Control as Required	
DURATION	Up to 6 weeks		Up to 8 weeks		W.C. & W.H. - 8 weeks C.P.M. - 12 weeks	Up to 6 weeks	
TOTAL VISITS	Up to 30		Up to 40		W.C. & W.H. - 40 C.P.M. - 60	Up to 30	
NUMBER OF TIME UNITS	1 - 2		1 - 2		1 - 4	Up to 2	
TOTAL COST	@ 95 - 120/hr $ 712.50 - 1800		@ 95 - 120/hr $950 - 2400		W.C. & W.H. @ 95 - 120/hr $950 - 4800 C.P.M. $1425 - 7200	@ 95 - 120/hr $712.50 - 1800	

SCIATICA - PHYSIOTHERAPY UTILIZATION

	ACUTE PHASE (0 - 6 weeks)	FURTHER CONSULTATION & AGREEMENT WITH INSURER	SUB-ACUTE PHASE (6 -12 weeks)	SPECIALIZED ASSESSMENT (FCE/IE) (Recommended if disability and/or symptoms	REHABILITATION/CHRONIC (> 12 weeks)		APPROPRIATE ASSESSMENT (Recommended if disability and/or symptoms
					Patient not working	**Patient at work**	
CLINICAL INTERVENTION	1. Pain Control 2. Injury Specific Exercise / Education 3. Promote return to activity as tolerated		1. Injury Specific Exercise / Education 2. Work Preparation Activities 3. Pain Control as Required		Specialized Programs e.g. 1. Work Conditioning (W.C.) 2. Work Hardening (W.H.) 3. Chronic Pain Management (C.P.M.)	1. Injury Specific Exercise / Education 2. Pain Control as Required	
DURATION	Up to 6 weeks		Up to 8 weeks		W.C. & W.H. - 8 weeks C.P.M. - 12 weeks	Up to 6 weeks	
TOTAL VISITS	Up to 30		Up to 40		W.C. & W.H. - 40 C.P.M. - 60	Up to 30	
NUMBER OF TIME UNITS	1 - 2		1 - 2		1 - 4	1 - 2	
TOTAL COST	@ 95 - 120/hr $712.50 - 1800		@ 95 - 120/hr $950 - 2400		@ 95 - 120/hr W.C. & W.H. $950 - 4800 C.P.M. $1425 - 7200	@ 95 - 120/hr $712.50 - 1800	

LOW BACK PAIN (non-specific) - PHYSIOTHERAPY UTILIZATION

	ACUTE PHASE (0 - 6 weeks)	FURTHER CONSULTATION & AGREEMENT WITH INSURER	SUB-ACUTE PHASE (6 -12 weeks)	SPECIALIZED ASSESSMENT (FCE/IE) (Recommended if disability and/or symptoms	REHABILITATION/CHRONIC (> 12 weeks)		APPROPRIATE ASSESSMENT (Recommended if disability and/or symptoms
					Patient not working	Patient at work	
CLINICAL INTERVENTION	1. Pain Control 2. Injury Specific Exercise / Education 3. Promote early return to usual activities, including work		1. Injury Specific Exercise / Education 2. Work Preparation Activities 3. Pain Control as Required		Specialized Programs e.g. 1. Work Conditioning (W.C.) 2. Work Hardening (W.H.) 3. Chronic Pain Management (C.P.M.)	1. Injury Specific Exercise / Education 2. Pain Control as Required	
DURATION	Up to 6 weeks		Up to 6 weeks		W.C. & W.H. - 8 weeks C.P.M. - 12 weeks	Up to 6 weeks	
TOTAL VISITS	Up to 18		Up to 30		W.C. & W.H. - 40 C.P.M. - 60	Up to 30	
NUMBER OF TIME UNITS	1 - 2		1 - 2		1 - 4	1 - 2	
TOTAL COST	@ 95 - 120/hr $427.50 - 1080		@ 95 - 120/hr $712.50 - 1800		@ 95 - 120/hr W.C. & W.H. $950 - 4800 C.P.M. $1425 - 7200	@ 95 - 120/hr $712.50 - 1800	