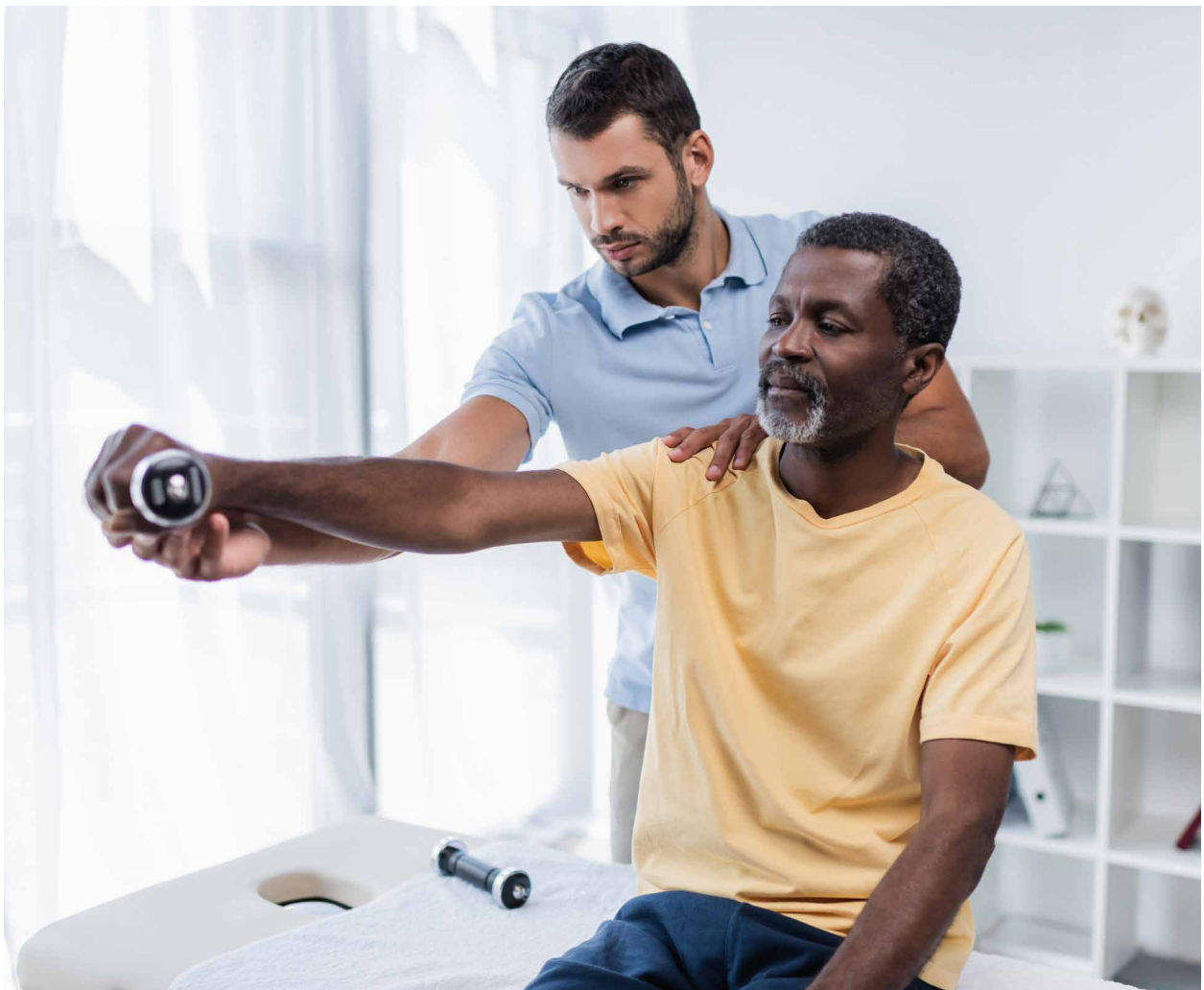


# Work Rehabilitation Standards

*L&I Guidelines for Providers*





# Work Rehabilitation Program Standards

## Definitions

Work Rehabilitation (WR) is an individualized special program to assist the worker in meeting the demands of a specific job using progressive exercise, work simulation tasks and education. During the initial evaluation, the level of program intensity will be established to meet the job goal. The definitions below guide which program type best fits the individual's needs but there may be variation based on the worker's situation.

Work rehabilitation – Conditioning (WR-C) is a less intensive type of a WR program. It is intended for workers with Sedentary to Medium physical job demands which require durational exertion from two to four hours per day. This program admits workers that will benefit from care 3 to 5 times per week based on their individual needs. This could be combined with multiple days per week of modified duty work when available coupled with their home program. Psychosocial barriers such as low-level fear avoidance, catastrophization, or pain behavior can be managed within WRC. Higher-level psychosocial factors may require additional consultations with behavioral health support and/or activity coaching.

Work rehabilitation – Hardening (WR-H) is a more intensive type of a WR program. It is intended for workers with Medium to Very Heavy physical job demands which require durational exertion in excess of four hours per day. This program admits workers that will benefit from care 3 to 5 times per week based on their individual needs. This could be combined with multiple days per week of modified duty work when available coupled with their home program. It is also suitable for workers with jobs requiring greater task simulation and longer task performance; or workers with significant psychosocial barriers such as catastrophization, moderate to high fear avoidance, or generalized pain behaviors that are best managed with an integrated approach.

## Individualized work rehabilitation program components

A work rehabilitation program must offer the processes, education, and instruments to establish baseline values and progress towards the RTW goal.

1. Initial Comprehensive Evaluation
  - a. Medical history
  - b. Self-report questionnaires/functional outcome measures
  - c. Musculoskeletal screen
  - d. Fitness level
  - e. Material handling
  - f. Positional tolerance
  - g. Baseline comparison for return to work demands
  - h. Psychosocial barriers
  - i. Customized approach

2. Functional Job Description/Analysis
  - a. Available at the time of the evaluation
  - b. Verified worker consensus of the job demands of the job goal
3. Individualized Plan of Care
  - a. Goals are observable, measureable, and aligned with the return to work plan
  - b. Established using therapeutic alliance
    - i. Goals signed by both the WR provider and the worker
  - c. Treatment includes work simulation/focus on functional abilities
  - d. Timely communication with stakeholders to develop plan
  - e. Clear reasoning for your program intensity choice and duration/frequency of your proposed care plan is explained
  - f. Program frequency is based on needs of meeting program goals
4. Full Body Conditioning Program
  - a. Quantifies and measures strength, conditioning and flexibility levels
  - b. Standardized method used
  - c. Progressive design based on frequency, load and duration.
  - d. Modified based on condition/comorbidities
5. Work-based Tasks/Simulation
  - a. Tasks provide for progression in frequency, load, and duration.
  - b. Job demands simulated as closely as able
  - c. Worker's job-specific tools used when feasible
6. Participatory Ergonomics
  - a. Worksite assessed to identify adjustments/task progression of the job to allow for modified/full duties
  - b. Collaborate with worker and vocational rehabilitation counselor/employer
7. Behavioral Interventions
  - a. Apply principles for workers with psychosocial barriers to return to work
  - b. Interventions are aligned with workers' preferences and values
  - c. Identify and initiate additional resources when needed
  - d. Establish and maintain collaborative referral relationships with community providers with the ability to offer behavioral health services such as masters-level therapists, psychologists, and activity coaches.
8. Client Education
  - a. Topics include:
    - i. Pain neuroscience
    - ii. Self-management
    - iii. Pacing
    - iv. Posture
    - v. Body mechanics
    - vi. Injury prevention
    - vii. Safety
    - viii. Wellness (stress management, dietary/lifestyle changes)

9. Team Care Conferences/Progress Updates
  - a. Occurs at least every 2 weeks during treatment phase of program
  - b. Invitations sent to Care Team (VRC, AP, and others). Insurer invited to week 4 conference
  - c. Discussion should include:
    - i. Current worker capacity for essential job demands
    - ii. Progress with plan of care and towards return to work and functional goals
    - iii. Updates to functional outcome measures
    - iv. Psychosocial barriers influencing their recovery
    - v. Determine if there is a need for changes to the care plan, home program, and treatment approach based on progress
    - vi. Assign roles to facilitate any identified updates and additional resources/services
  - d. Includes return to work transition plans or safe progression of work duties if working.
10. Collaboration with Stakeholders
  - a. Ongoing communication built into program with care team at regular intervals and when barriers arise
11. Discharge
  - a. Comparison of baseline and final physical demand capacity levels at the end of the program
  - b. Treatment concluded when individual has met return to work goals or progress has plateaued
  - c. Final transition to work plan or safe progression of job duties identified
  - d. Individualized home program finalized to optimize function

## **Clinic Physical Site Requirements**

1. WR clinic will provide the level of service they are set up and approved to offer.
  - a. WR – Conditioning: 1-4 hour program up to 5 days a week
  - b. WR – Hardening: 1-8 hour program up to 5 days a week
2. A proper ratio of providers to work rehabilitation participants to ensure safe, appropriate performance of work simulation, based on the supervision needs of the worker in relation to their progress and the task being performed.
3. Multidisciplinary and/or multimodal delivery of care with licensed providers who may perform combinations of work simulation, exercise, behavioral health services, and lifestyle and health advice.
4. Space
  - a. Appropriate environment available to deliver intensive and sensitive interventions (e.g., private space)
  - b. Designated work rehabilitation area and shared space is adequate to accommodate the number of workers accepted into the program and overall clients in the clinic area.
  - c. Design allows for a safe work environment and atmosphere that is appropriate to the vocational goal and worker.

5. Equipment
  - a. Available equipment allows for individualized conditioning program. (e.g. ergometers, dynamometers, treadmills, measured walking tolerances, commercial strength and exercise devices, free weights, circuit training).
  - b. Available equipment and surroundings allow the individual to simulate the critical work demands, tasks, and environments that they will return to.
  - c. A variety of workstations available and offer opportunities to practice work-related positions and motions across multiple industries tailored to your community needs.

## **Reporting Requirements**

The clinic's reporting system is structured to ensure the evidence-based recommendations and patient goals are being achieved within the program.

Required paperwork is submitted timely to the insurer and the attending provider.

- Initial Evaluation with Plan of Care within 5 business days
- Progress Summaries and Discharge Capacity Summary within 7 business days
- Daily treatment notes within 30 business days of program ending
  - a. Separate daily notes are necessary for physical therapy and occupational therapy services
  - b. Identify interventions and include flow sheets
  - c. Number of minutes for each timed procedure code and signed by the supervising clinician(s)

## **Quality Assurance Requirements**

Clinics must annually review their program to ensure effectiveness, quality, and adherence to criteria based on L&I requirements, professional consensus, evidence recommendations, and standards within the industry. The clinic will evaluate quality of the clinician based on proficiency, and at the individual client level based on outcomes. It will include a standard framework and clearly indicate the roles of who is involved, how often it occurs, how it is reported, and how it informs improvements.

## **Provider Requirements**

Because there are significant differences in the skills and abilities between standard outpatient therapy and specialized work rehabilitation therapists, providers performing work rehabilitation services require additional training and experience. Part of this knowledge is in explaining processes unique to workers' compensation while maintaining a positive therapeutic alliance.

Those responsible for the supervision of an individual's WR program must be a licensed:

- Occupational therapist
- Certified occupational therapy assistant
- Physical therapist
- Physical therapist assistant
- Athletic trainer
- Other attending provider types may be considered on a case-by-case basis.

All treating clinicians in a WR program must have the following education and training in the following areas renewed every six years:

Category	Minimum Hours	Subtopics
L&I Workers Compensation Basics for Physical Medicine Providers	2	<ul style="list-style-type: none"> <li>• Job analysis/job descriptions</li> <li>• Ergo/modifying jobs</li> <li>• Vocational recovery</li> <li>• Work disability prevention</li> <li>• Employer incentive programs</li> <li>• Abbreviations/terminology</li> </ul>
Pain Neuroscience Education	2	<ul style="list-style-type: none"> <li>• Basic Principles</li> <li>• Resources/Tools</li> </ul>
Psych-Informed Practice	2	<ul style="list-style-type: none"> <li>• Biopsychosocial model of care</li> <li>• Motivational interviewing</li> <li>• Self-management/Cognitive behavioral therapy – restructuring beliefs and promoting adaptive behaviors</li> <li>• Acceptance and commitment therapy (ACT)</li> <li>• Therapeutic Alliance</li> </ul>
Physical Med Best Practices	2	<ul style="list-style-type: none"> <li>• Functional goal getting</li> <li>• Patient expectations</li> <li>• Lifestyle and health advice</li> <li>• Psychosocial barrier support</li> <li>• Graded activity</li> <li>• Graded exposure</li> </ul>

## **Admission Criteria**

### **Before an initial evaluation for WR occurs, these criteria must be met:**

1. Agreement by the attending provider the individual is ready to participate in a work rehabilitation program. This takes into consideration tissue recovery as well as other medical conditions impacting recovery. Consider if there are areas to discuss with the attending provider regarding additional safeguards, assurances, and services to enhance their success.
2. There is an identified return to work goal with job analysis/description to describe physical work demands.
3. The worker has had at least two months of recovery since their injury which may include participation in standard outpatient therapy.
4. The worker has the ability to participate at least 3 times per week and 2 hours per day. Exceptions will be reviewed on a case by case basis.
5. The worker's condition/diagnosis is a musculoskeletal disorder or other allowed condition impacting their ability to return to work full duty.

### **Before WR treatment program begins, these criteria must be met:**

1. Treatment program is recommended through utilization review and authorized by the claim manager.
2. Program intensity is selected based on individual needs, job demands, and availability of modified duty.
3. Vocational rehabilitation counselor has been assigned before the treatment program starts or there is an employer who is actively facilitating RTW efforts.
4. The initial evaluation demonstrates there is a gap in function between the worker's task performance and the return to work goal.
5. Workers who are identified to have multiple risk factors which may lead to poor success in WR must be provided with appropriate support to maximize their potential for success. This additional support and/or services are facilitated based on worker needs. It is important to mobilize resources to address their risk factors before or at the initiation of the work rehabilitation program, potentially including:
  - Vocational recovery
  - Behavioral health needs
  - Claim manager, employer, and family support



A request may be appropriate for:	If the patient has:	AND the diagnosis is supported by these clinical findings:		AND this has been done:	
Program Admission	Condition or Diagnosis	Objective		Non-operative care	
<b>Work Rehabilitation</b>					
<b>Conditioning</b>	<p>Musculoskeletal condition(s)</p> <p>Other conditions impacting ability to return to work</p> <p style="text-align: center;"><b>AND</b></p> <p>Requires skilled guidance for specific strength, endurance, function (e.g. needs frequent monitoring to progress activities)</p>	<p>Can participate 2-4 hrs per day</p> <p style="text-align: center;"><b>AND</b></p> <p>Can participate 3-5 days per week</p> <p style="text-align: center;"><b>AND</b></p> <p>Conditions allow full participation, including:</p> <ul style="list-style-type: none"> <li>• Medical comorbidities</li> <li>• Adequate tissue recovery</li> <li>• Psychosocial</li> <li>• Psychological</li> </ul>	<p>Documentation of examination including at least gap in strength/motion/function between current task performance and job goals</p>	<p>Two months of conservative care</p> <p style="text-align: center;"><b>AND</b></p> <p>Defined goal with documentation and an assigned Vocational Recovery Counselor</p> <p style="text-align: center;"><b>AND</b></p> <p>Consideration of:</p> <p>Other concurrent services such as Activity Coaching/BHI</p>	<p><i>Conservative care is defined as:</i></p> <p>At least two months of conservative therapy, which may include multiple components of:</p> <ul style="list-style-type: none"> <li>• Manual therapy</li> <li>• Manipulation</li> <li>• Neuromobilization</li> <li>• Flexion/distraction</li> <li>• General fitness</li> <li>• Strengthening</li> <li>• Cognitive Behavioral Therapy/Self-management</li> </ul>
		<b>Hardening</b>	<p style="text-align: center;"><b>IF</b></p> <p>Durational needs exceed 4+ hours/day</p> <p style="text-align: center;"><b>OR</b></p> <p>Job demands medium or higher</p>	<p style="text-align: center;"><b>IF</b></p> <p>Task performance requires greater level of simulation</p> <p style="text-align: center;"><b>OR</b></p> <p>Generalized pain or psychosocial barriers are significant concern</p>	

## Program timelines

WR programs are expected to be completed in 8 weeks or less. Exceptions may be made on a case by case basis if criteria is met and appropriate progress is made toward identified goals.

Individualized schedules and timelines are encouraged to allow for the individual to work a modified duty job.

A request may be appropriate for:	If the patient has:	AND the diagnosis is supported by these clinical findings:		AND this has been done:	
Program Continuation	Condition or Diagnosis	Objective		Non-operative care	
<b>Work Rehabilitation</b>					
<b>Conditioning</b>	Musculoskeletal condition(s)  Other conditions impacting ability to return to work	Admission criteria remain true.  <b>AND</b> Timeframe proposed is realistic to allow for progress to meet stated goals.  <b>AND</b> Progress made in program to date is on pace to achieve stated goals.	Documentation of examination including at least a gap in strength/motion /function between current task performance and job goals	Worker has demonstrated participation and engagement in prior trial of care  <b>AND</b> Defined goal with documentation and an assigned Vocational Recovery Counselor  <b>AND</b> Consideration of other concurrent services such as Activity Coaching/BHI	Workers should continue in their program when adequate progress is made.  Lack of progress in one program does not warrant consideration of admission to the other program.  Only workers with additional criteria for Work Hardening should switch programs from WC to WH.
<b>Hardening</b>		<b>AND</b> Durational needs exceed 4+ hours/day  <b>OR</b> Job demand med or higher  <b>OR</b> Off work and/or no full time modified duty	<b>IF</b> Task performance requires greater level of simulation  <b>OR</b> Targeted interventions in place for psychosocial or generalized pain	<b>IF</b> No RTW/modified duty available	

## **Discharge Criteria**

The worker:

Has accomplished the goals stated in the plan of care.

- Has returned or been released to full work hours and full duty or permanent modified duty
- Met job goals

Would no longer benefit from work rehabilitation services due to:

- Plateau in functional progress over two weeks
- Change in medical condition impacting participation
- The worker has not participated according to the program plan
- The attending provider has ended the program

## **References**

- L&I Work Rehabilitation Guideline 2021
- American Orthopedic Physical Therapy Association Clinical Practice Guideline 2020
- American Orthopedic Physical Therapy Association Independent Study Course: Work Rehabilitation 2022
- WAC 296-20-12050: Special Programs
- WAC 296-23-235: Work Hardening
- Medical Aid Rules and Fee Schedule: Payment Policy Chapter 25 Physical Medicine

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