

Physical Medicine | Best practices quick reference card



Patient Engagement

Consistent messaging across providers and employers is critical

- Rehabilitation is the worker's job, with a goal of returning to work. Set goals early and share them with all the parties involved in the worker's claim.
- Emphasize the value and responsibility for engaged rehabilitation by the worker.

Input and encouragement leads to positive outcomes

- Positive messaging for recovery should focus on worker engagement and consistent progress toward functional goals with standardized outcome measures.
- Key recovery messages ([Lni.wa.gov/patient-care/advisory-committees/_docs/2019%20PDIR%20Resource_Final.pdf](https://www.lni.wa.gov/patient-care/advisory-committees/_docs/2019%20PDIR%20Resource_Final.pdf)) should include staying active, getting better, and taking baby steps.
- If your patient isn't working, a job description or analysis helps guide the treatment plan.



Communications

Communicate with the attending provider, claim manager, and vocational provider

- Send the attending provider your progress report before the worker's next scheduled appointment.
- L&I needs timely documentation to facilitate authorization and coordination of care.
- Contact the claim manager when there is attendance/non-compliance/behavioral issues, and if the injured worker isn't progressing as expected. Leave a best time for a return call.
- Reach out to the vocational provider regularly if one is assigned. They can help address barriers and share the worker's return-to-work plan.
- You can get reimbursed ([Lni.wa.gov/patient-care/billing-payments/marfsdocs/2021/2021MarfsChapter10.pdf](https://www.lni.wa.gov/patient-care/billing-payments/marfsdocs/2021/2021MarfsChapter10.pdf)) for calls to discuss treatment and care.

Patient/client information optimizes your care

- Contact the claim manager and request 90-day access to the claim file ([Lni.wa.gov/ClaimStatus](https://www.lni.wa.gov/ClaimStatus)) in the Claim and Account Center (CAC) ([Lni.wa.gov/Secure](https://www.lni.wa.gov/Secure)).
- Use the center to identify the attending provider, locate the Activity Prescription Form, and determine if a vocational provider is assigned.
- Attending providers want to know what progress is being made and any barriers. This informs their completion of the Activity Prescription Form for return-to-work and modified duty accommodations. The *Physical Medicine Progress Report* ([Lni.wa.gov/go/F245-453-000](https://www.lni.wa.gov/go/F245-453-000)) can help.



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Outcome Tracking and Documentation

Track and show functional improvement: curative or rehabilitative

WAC 296-20-01002 (apps.leg.wa.gov/WAC/default.aspx?cite=296-20-01002)

- Documentation of visits should include functional activities performed and track functional tolerance improvements toward the return-to-work goal.
- Use valid tools ([Lni.wa.gov/patient-care/advisory-committees/_docs/2018DocFuncImprovfunctionalscales.pdf](https://lmi.wa.gov/patient-care/advisory-committees/_docs/2018DocFuncImprovfunctionalscales.pdf)) to address biopsychosocial and musculoskeletal/functional factors and functional tolerance improvement. Reflect these in your progress notes.
- Curative care eliminates or lessens the clinical effects of an accepted condition compared to initial functional level.
- Rehabilitative care involves therapeutic interventions to regain functional activity in cases with musculoskeletal dysfunction.
- Curative and rehabilitative care produces long term changes.

Pain interference is more important than pain level

- Identify return-to-work barriers. It may not be pain itself, but how pain contributes to activity avoidance or other psychosocial issues.
- Use self-reported measures for quantifying pain interference. The Physical Medicine Progress Report (PMPR) integrates one of these measures.

Clinically meaningful change is more important than statistically measurable changes

- Although many tests and scales have been validated to be statistically meaningful in detecting change, the magnitude of change made may not be clinically meaningful unless it reflects improvement of 30–50% from baseline.
- In addition to using a measurable scale, documenting actual functional activity is important (e.g., hours of work, distances walked, tasks accomplished).



L&I Resources

Billing or authorization questions for state workers' compensation fund claims?

Contact L&I's Provider Hotline at 1-800-848-0811 or PHL@Lni.wa.gov.

- Option 2 provides therapy visit count.
- Option 3 provides automated claim information.
- Option 5 provides billing information.
- Option 6 provides authorization information.

Other resources

- PT and OT resources: forms, links and information
[Lni.wa.gov/TherapyResources](https://lmi.wa.gov/TherapyResources)
- *Options for Documenting Functional Improvement in Conservative Care*
[Lni.wa.gov/patient-care/advisory-committees/_docs/2018DocFuncImprovfunctionalscales.pdf](https://lmi.wa.gov/patient-care/advisory-committees/_docs/2018DocFuncImprovfunctionalscales.pdf)
- *Reducing Disability: Psychosocial Determinants Influencing Recovery*
[Lni.wa.gov/patient-care/advisory-committees/_docs/2019%20PDIR%20Resource_Final.pdf](https://lmi.wa.gov/patient-care/advisory-committees/_docs/2019%20PDIR%20Resource_Final.pdf)
- AP's Referral Best Practice Guide
[Lni.wa.gov/patient-care/advisory-committees/_docs/ReferralBestPracticeGuide_Final.pdf](https://lmi.wa.gov/patient-care/advisory-committees/_docs/ReferralBestPracticeGuide_Final.pdf)