SUPPORTIVE CARE OF CHRONIC CONDITIONS

(CONSENSUS RECOMENDATIONS OF THE OHIO STATE CHIROPRACTIC ASSOCIATION)

INTRODUCTION

These recommendations on supportive care of the chronic condition are consistent with the "Guidelines for Chiropractic Quality Assurance and Practice Parameters" [hereinafter "Mercy Document"] and "The Chiropractic Manual". The Ohio Bureau of Workers' Compensation has adopted the Mercy Document pursuant to administrative rule for use in evaluating appropriateness of care for chiropractic claims. The Chiropractic Manual, developed by consensus and published in Ohio by the Ohio State Chiropractic Association has been used state wide and nationally as an authoritative resource on the practice of chiropractic.

General Guideline Disclaimer

It is important for the reader to recognize that these guidelines are intended to be flexible and may need to be modified. They are not standards of care. Adherence to them is voluntary. Alternative practices are possible and may be preferable under certain clinical conditions. The ultimate judgment regarding the propriety of any specific procedure must be made by the practitioner in light of individual circumstances presented by each patient.

This document may provide some assistance to third party payers in the evaluation of care, but is not by itself a proper basis for evaluation. Many factors must be considered in determining clinical or medical necessity. Furthermore, guidelines require periodic re-evaluation as additional scientific and clinical information becomes available.

Disclaimer on use of extract

The following disclaimer should be used when quoting an extract or part of this document: *The reader is warned that the following is an extract or part only of a publication suggesting guidelines for supportive care of chronic conditions. Any part of the publication is likely to be confusing and/or misinterpreted unless read in the context of the full document.*

DEFINITIONS

MAXIMUM MEDICAL IMPROVEMENT

Ohio Administrative Code Section 4121-3-32(A)(1) defines Maximum Medical Improvement as:
"A treatment plateau (static or well stabilized) at which no fundamental functional or physiological change can be expected within reasonable medical probability in spite of continuing medical or rehabilitative procedures. A claimant may need supportive treatment to maintain this level of function."

SUPPORTIVE CARE

THE MERCY DOCUMENT DEFINES SUPPORTIVE CARE AS:

"Treatment/care for patients having reached maximum therapeutic benefit, in whom periodic trials of therapeutic withdrawal fail to sustain previous therapeutic gains that would otherwise progressively deteriorate. Supportive care follows appropriate application of active and passive care including lifestyle modifications. It is appropriate when rehabilitative and/or functional restorative and alternative care options, including home-based self-care and lifestyle modifications, 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 behavior, or secondary gain."

Appropriate supportive care management will prevent physician dependence, somatization, illness behavior and secondary gain. Chronic conditions requiring supportive care will be characterized by documentation, which clearly identifies them as complicated injuries/conditions. These chronic, complicated injuries/conditions should never be categorized as acute, uncomplicated injuries/conditions.

COMPLICATING FACTORS USED TO DOCUMENT THE NECESSITY OF SUPPORTIVE CARE FOR CHRONIC CONDITIONS

- *Severity of Symptoms*
- *Patient Compliance Factors*
- *Age of the Patient*
- *Severity of Initial Injury* (Mechanism)
- *Number of Previous Injuries*
- *Number and/or Severity of Exacerbations*
- *Psycho-Social Factors*
- *Degenerative Joint Disease/Degenerative Disc Disease*

Each of these factors may complicate the patient's condition, extend recovery time and result in the necessity of supportive care.

Duration of Symptoms/Condition

Conditions that continue beyond three (3) to four (4) months are by definition "chronic conditions".

Nature of Employment/Work Activities

The nature of a patient's employment must be considered when evaluating the need for supportive care.

Impairment/Disability

The patient who has reached maximum medical improvement (MMI) but has failed to reach pre-injury status has an impairment/disability even if the injured worker has not yet received a permanent impairment /disability award.

History of Lost Time

Initial and subsequent periods of disability/lost time that are related to the original injury can assist in characterizing the severity of the original injury and documenting the presence of residual weakness and instability.

History of Prior Treatment

Initial and subsequent care (type and duration), as well as patient compliance and response to care, can assist the physician in developing appropriate treatment planning. Delays in the initiation of appropriate care may complicate the patient's condition and extend recovery time.

Lifestyle Habits

Lifestyle habits may impact recovery time, symptom duration and symptom severity, as well as residual dysfunction and instability resultant to the original injury.

Congenital Anomalies

Anomalies may alter function and complicate recovery.

Treatment Withdrawal Fails to Sustain MMI

Documented acute exacerbation, increased symptoms and /or decreased function following reduction or cessation of treatment is a specific indication of chronicity and instability.

Diagnosis

The diagnosis should never be used exclusively to determine need for care (or lack there of). The diagnosis must be considered with the remainder of case documentation to assist the physician or reviewer in developing a comprehensive clinical picture of the condition/patient under treatment

This list of complicating factors is not all-inclusive. Individual factors from this list may adequately explain the condition chronicity, complexity and instability in some cases. However, most chronic cases that require supportive care are characterized by multiple complicating factors. These factors should be carefully identified and documented in the patient's file to support the categorization of a condition as chronic, complicated and unstable.

CLINICAL INFORMATION USED TO DOCUMENT THE NECESSITY OF SUPPORTIVE CARE FOR CHRONIC CONDITIONS

- Symptoms (severity, type, duration, etc.)
- Abnormal ranges of motion (kinesiopathology):
- Abnormal muscle tone/strength (myopathology)
- Neurologic impairment/ dysfunction(neuropathophysiology)
- Atrophy (myopathology/neuropathophysiology)
- Postural distortion (myopathology/kinesiopathology)
- Orthopedic findings
- Trigger points (myopathology)
- Radiographic findings (pathophysiology)
- Outcome measurement/assessment findings
- Laboratory findings (histopathology)
- Bio-mechanical dysfunction (kinesiopathology)
- Diagnostic test results
- Second opinion consultations
- Home management, activity-of-daily-living (ADL) recommendations and compliance

This list is provided for guidance only and is not an all-inclusive list. All of these items are not required to justify the need for supportive care. Each appropriate item of clinical information should be documented in the case file to describe the patient's clinical status, present and past. Once the patient has reached MMI and continues to exhibit clinical findings that support permanent impairment and instability, then supportive care begins. Supportive care is not expected to result in any significant changes to these clinical findings, except in the event of acute exacerbation, where the patient's increased subjective complaints and/or objective findings will require additional care to return to pre-exacerbation status. Individual circumstances dictate the appropriate procedures to be utilized in each case.

SUPPORTIVE CARE CASE MANAGEMENT

A variety of functional and physiological changes may occur in chronic conditions. Therefore a variety of treatment procedures, modalities and recommendations may be applied to benefit the patient.

PHYSICIAN DIRECTED CASE MANAGEMENT MAY INCLUDE:

- Activity-of-daily-living (ADL) recommendations/counseling
- Co-physician/professional management
- Ergonomic recommendations/counseling
- Exercise recommendations/counseling and instruction
- Home care recommendations
- Lifestyle modifications/counseling
- Adjustment/Manipulation of joint(s)
- Mobilization of joint(s)
- Mobilization of soft tissue
- Monitoring patient compliance with regard to active care recommendations
- Multi-discipline approaches
- Pain management recommendations
- Physical modalities
- Physical procedures

- Psycho-Social counseling
- Risk avoidance counseling
- Supervised rehabilitative/therapeutic exercise

SUPPORTIVE CARE TREATMENT PLANNING

Supportive care frequency is determined by physician evaluation of multiple factors characterizing each individual case. The average frequency of supportive care is 1-2 visits per month. More or less frequent visits may be indicated based on case documentation. A reassessment should be completed approximately every 6-12 months.

When pain and/or activity-of-daily-living [ADL] dysfunction exceeds the patient's ability to self-manage, the acute exacerbation episode should be documented and the supportive care treatment plan altered appropriately.

EXACERBATIONS WITHIN A SUPPORTIVE CARE TREATMENT PLAN

- Mild exacerbation episodes may be manageable with 3-6 visits within a supportive care treatment plan.
- Moderate and severe exacerbation episodes require acute care recommendations and case management.

SUPPORTIVE CARE GOALS

- Minimize loss time
- Improve function / activity-of-daily-living [ADL]
- Pain control/relief to tolerance
- Minimize future disability
- Minimize exacerbation frequency and severity
- Patient satisfaction

CONCLUSION/COMMENTS

This document was developed in a consensus process via the expert opinion of representative chiropractic providers in Ohio, under the auspices of the Ohio State Chiropractic Association. Multiple conferences and iterations were completed to produce these recommendations regarding supportive care of chronic conditions. The Guidelines for Chiropractic Quality Assurance and Practice Parameters (Mercy Guidelines) serve as the primary reference for these recommendations.

This document is written with the understanding that periodic revisions may be necessary to insure that it will serve as a current reference source on supportive care of chronic conditions.

APPENDIX

Acute episode/disorder

> …return to pre-episode status: six to eight weeks…
>
> Mercy Guidelines

Complicated case

A case where the patient, because of one or more identifiable factors, exhibits regression or retarded recovery in comparison with expectations from the natural history.

Mercy Guidelines

Chronic episode/disorder

…symptoms have been prolonged beyond 16 weeks…

Mercy Guidelines

Chronic Low Back Pain

…back related limitations lasting longer than 3 months

Clinical Practice Guideline Number 14
Acute Low Back Problems in Adults
U.S. Dept. of Health & Human Services
Agency for Health Policy and Research

Chronicity

Acute: six to eight weeks
Subacute: eight to sixteen weeks
Chronic: > sixteen weeks

Mercy Guidelines

Disability

…is a legal term indicating the effect that the medical impairment has on the claimant's ability to work. Disability is determined by the Industrial Commission and it's hearing officers.

Ohio Worker's Compensation Law,
2nd Edition

…an alteration of the individuals capacity to meet personal, social or occupational demands, or statutory or regulatory requirements, because of an impairment. A disability arises out of the interaction between impairment and external requirements, especially those of a person's occupation.

AMA Guides to the Evaluation of
Permanent Impairment 4th Edition

…any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.

AMA Guides to the Evaluation of
Permanent Impairment 4th Edition

Impairment

…is a medical term measuring the amount of the claimant's anatomical and/or mental loss of function as a result of the allowed injury/occupational disease. The examining physician evaluates impairment.

Ohio Worker's Compensation Law,
2nd Edition by Phil Fulton, Esquire

…conditions that interfere with an individual's 'activities of daily living. Impairment is an alteration of an individual's health status. It is assessed by medical means and is a medical issue. It is a deviation form normal in a body part or organ system. Permanent impairment is one that has become static or stabilized during a period of time sufficient to allow optimal tissue repair, and one that is unlikely to change in spite of further medical or surgical treatment

AMA Guides to the Evaluation of
Permanent Impairment 4th Edition

…any loss or abnormality of psychological, physiological, or anatomical structure or function.

World Health Organization (WHO)
Definition from the AMA guides to the
Evaluation of Permanent Impairment 4th
Edition

Permanency

The Ohio Supreme Court appears to have fused together the concepts of "permanency" and "maximum medical improvement," noting in *State, ex rel. Nelson McCoy Pottery* that the definition of permanency is frequently characterized as the maximum medical improvement test, and holding in *State, ex rel. Youghiogheny & Ohio Coal Co. v. Kohler* that the conclusion that a claimant has "attained a maximal [or maximum] level of medical recovery" satisfies the permanency definition.

Ohio Worker's Compensation Law,
2nd Edition by Phil Fulton, Esquire

Permanent Impairment

…adverse conditions that are stable and unlikely to change. Impairments are under the purview of a physician while determining disability is not usually the physician's responsibility.

AMA Guides to the Evaluation of
Permanent Impairment 4th Edition

Permanent Impairment/Disability

…a treatment plateau (static or well stabilized) at which no fundamental functional or physiological change can be expected within reasonable medical probability in spite of continuing medical or rehabilitative procedures. A claimant may need supportive treatment to maintain this level of function.

Ohio Worker's Compensation Law,
2nd Edition by Phil Fulton, Esquire

Uncomplicated case

…a case where the patient exhibits progressive recovery from an illness or injury at a rate greater than or equal to the expectation from the natural history.

…only acute episodes can truly be considered uncomplicated.

Mercy Guidelines