# UPDATE ON THE MOST RECENTLY ADOPTED MEDICAL TREATMENT GUIDELINES

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# NEW MTG'S FOR ANKLE/FOOT, ELBOW, HIP/GROIN, AND INTERSTITIAL LUNG DISEASE

## EFFECTIVE DATE TBA

# Implementation of New MTG on Hold and will Coincide with Launch of OnBoard:Limited Release

- Despite that these MTG's were adopted with an effective date of 1/1/21, the WCB issued a communication suggesting a delay of the implementation due to COVID issues and that an Order of the Chair was issued accordingly.
- The WCB's plan is to launch these MTG's when OnBoard: Limited Release is launched, which is expected to occur in the spring of 2021.

- OnBoard is the WCB's next step in modernizing its system and will replace the current system which is paper-based and inclusive of eCase.
- OnBoard: Limited Release, the first phase of the OnBoard project, will allow for/require providers to submit prior authorization requests (PAR) and *Provider's Request for Decision on Unpaid Medical Bill(s)* (Form HP-1) electronically through this system, i.e., through the Medical Portal.

# NEW MTG'S FOR HAND, WRIST, AND FOREARM INJURIES (INCLUDING CTS) AND OCCUPATIONAL/WORK-RELATED ASTHMA

## EFFECTIVE DATE TBA

# Changes to General Guideline Principles

- A.6 Acuity
  - Acute: less than one month.
  - Subacute: 1 to 3 months.
  - Chronic: Greater than three months.

- A.7 Initial Evaluation
  - The first visit after an injury, not the first visit with the new doctor.

- A. 20 Jobsite Evaluation (was A.18)
  - Calls and contact between the employer and treating provider are encouraged and the doctor *shall* document any conversation. This previously said documentation was to be on a particular form, but apparently there is no form.

# Emphasis of General Guideline Principles

- Function, not pain relief.
  - A.1 Medical Care
  - A.3 Positive Patient Response
  - A.14 Surgical Intervention
  - A.19 Return to Work

- Active over passive treatment and self-management.
  - A.5 Education
  - A.11 Active Intervention

# Hand, Wrist, and Forearm Injuries (Including CTS)

- History taking
  - Age, hand dominance, gender
  - Mechanism of injury
  - Prior issues
  - Symptoms: location, nature, timing, exacerbating and alleviating factors
  - Relationship to work with statement of probability as to work-relatedness
  - Prior occupational and non-occupational history including treatment involving the same area
  - Ability to do job and activities of daily living
  - Treatment thus far

- Past medical history
  - not an exhaustive list but review for neoplasm, gout, arthritis, diabetes, OA, RA
  - review systems including for, but not limited to, rheumatologic disorders, neurologic, endocrine, neoplastic and other systemic diseases
  - smoking history
  - vocational/recreational pursuits
  - prior diagnostic studies/surgeries/psychosocial history

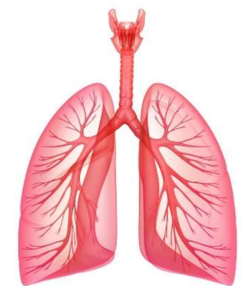
- Full examination necessary, including joints above and below affected area and contralateral side for comparison.
- Red Flags for potentially serious injuries. (See Table 3).
- Diagnostic criteria. (See Table 4).

- 21Conditions
  - Evaluate with diagnostic studies as appropriate.
  - Potentially treat with medications. Opiates are generally limited to seven days around the time of surgery, with complications, or occasionally given the acute nature of the injury. If opiates are not mentioned at all, prior authorization is required absent surgery.
  - Treatment modalities vary and can include physical therapy, rehabilitation, injections, immobilization, devices, surgery, and other forms of treatment.

# Occupational/Work-Related Asthma

- Asthma is a common chronic disorder of the airways that involves a complex interaction of airflow obstruction, bronchial hyperresponsiveness, and underlying inflammation.
- Increased airway responsiveness to a variety of stimuli is typical.
- Work-related asthma (WRA) includes both occupational asthma (OA) and work exacerbated asthma (WEA).

- OA: new onset asthma which can be caused either by workplace exposure to sensitizer or irritant.
  - OA with latency occurs when a sensitizer or agent initiates an allergic (immunologic) response.
    - Latency period can be weeks to years but usually at least a few months between exposure and symptoms.
  - OA without latency is an inflammatory, not allergic, response to an irritant such as gas, fume, vapor and aerosol.
  - WEA occurs when existing asthma worsens because of workplace exposure to an irritant like gas, fume, vapor, aerosol, allergen or physical condition.



- Table 1: Specific High and Low Weight Chemicals (Sensitizers) and Occupations
  - category / chemical / occupational activity
    - e.g. High Molecular Weight / Latex / Healthcare Worker
    - e.g. Low Molecular Weight / Cleaning Agents / Cleaning Services

- Etiology: asthma is primarily a disease of airway inflammation and reactivity; primary symptoms include episodic shortness of breath, wheezing and coughing as opposed to bronchitis which causes cough and sputum.
- Diagnosis of OA: requires signs and symptoms, history compatible with OA,  presence of airflow limitation and its reversibility or if no airflow limitation, then the presence of nonspecific airway hyperresponsiveness, and *demonstration of work relatedness by objective means*.

- Complications and comorbid conditions relevant to work: OA may trigger chronic cough and secondary hoarseness that could interfere with the job. GERD could be triggered by associated medications and worsen asthma symptoms. Vocal cord dysfunction is distinct from asthma but may coexist or be triggered by GERD or exposure to irritants.

- History Taking
  - occupational/non-occupational pulmonary exposure
  - occupations, including time spent at each job
  - exposures including non-occupational exposure and intensity of exposure
  - symptoms including duration, onset, frequency, aggravation, alleviation, progression, and seasonal pattern
  - document if one time exposure, high-level exposure, any pulmonary imaging, testing, prior treatment, ability to work and perform activities of daily living, history of room size, ventilation, current and past use of PPE, and relationship to work including statement of probability
  - past medical history
- Exam

- Exposure Assessment
  - Review MSDS, industrial hygiene data, employer records, union health and safety personnel information, and provider may call technical staff of manufacturer of alleged irritant.
  - One source of *objective* information generally needed for the evaluation of suspected OA.

- Establish:
  - all known exposures
  - workplace history of room size, ventilation, current and past use of PPE, other coworker reports of illness, exhaust hoods, remodeling, changes in processing, and industrial hygiene reports
  - review MSDS for health effects information and PPE recommendations
- For exposure assessment check American Conference of Governmental Industrial Hygienists, http://www.acgih.org
- For workplace risk assessment check the NIOSH Pocket Guide to Chemical Hazards.

- Diagnostics
  - Can include spirometry, peak expiratory flow rates, nonspecific bronchial provocation test, specific inhalation challenge, nitric oxide, and sometimes specific immunological testing, skin prick testing.

- Management of OA
  - Goal is to minimize exacerbations by decreasing work exposure and optimizing medical management; job change may be required but the provider and patient are to balance the potential benefits of removal from the workplace with benefits of continued working including financial and psychological.

- Medications
  - generally same as used for non-work related asthma
- Treatment
  - includes immunization against pneumococcal pneumonia and influenza, monitoring of condition, aggressive management of respiratory infections, and management of comorbidities like rhinitis, sinusitis and GERD

- Prognosis
    - Varies, but better if no more exposure, relatively normal lung function when diagnosed, shorter duration of symptoms prior to diagnosis although condition can be chronic.
- Prevention and Exposure Control
    - Use of PPE, particularly respirators, is considered less effective than eliminating or minimizing exposure.

# On the Horizon

- Proposed MTG's, not yet finalized:
  - PTSD and Acute Stress Disorder
  - Major Depressive Disorder

# MTG Lookup Tool

- This tool created by the WCB allows those with access to the Medical Portal to look up MTG conditions or treatment and check the consistency of treatment for a particular condition with the MTG.
- Sign into the Medical Portal on the Board's homepage, enter your username and password, then the applicable Guideline and condition, treatment or test.

# WCB Webinar

- The WCB will be presenting a webinar entitled “OnBoard: Limited Release for Insurers” on Tuesday, 1/19/21 12:00 PM to 1:00 PM.
- The link for the webinar is on the WCB homepage at the bottom under “Communication.”

# CLOSING

Thank you for your time!

A survey will be emailed to you via our office which we ask that you complete if you seeking New York CLE credit which is pending.
If you need the NY CLE affirmation form, please email Heidi Mahoney at hmahoney@hwcomp.com. Thank you.

Any questions or comments:

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