

**Welcome to the West Virginia  
Workers' Compensation  
Webinar!**

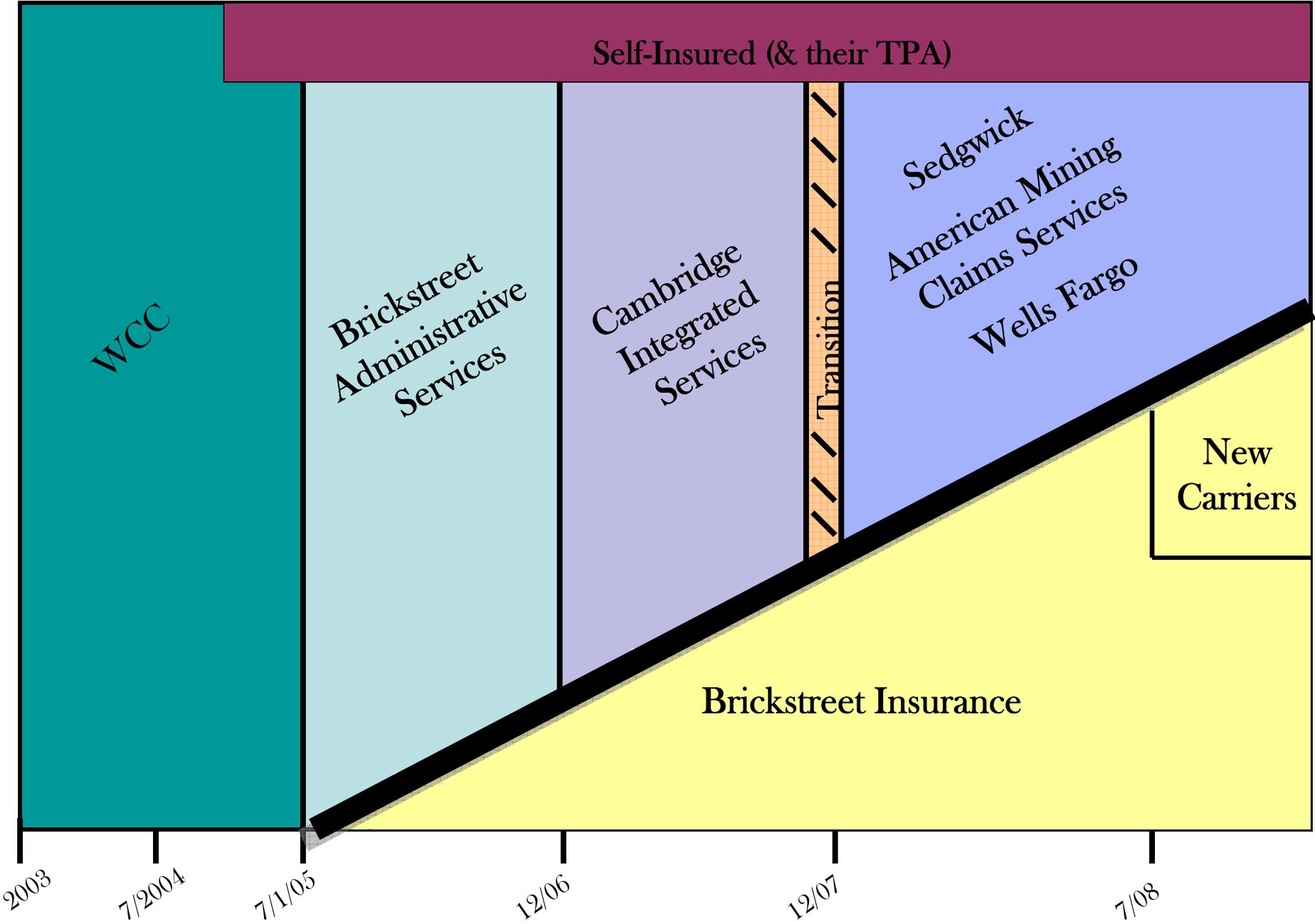
**Rule 20  
Medical Management of Claims**

**June 27, 2008**

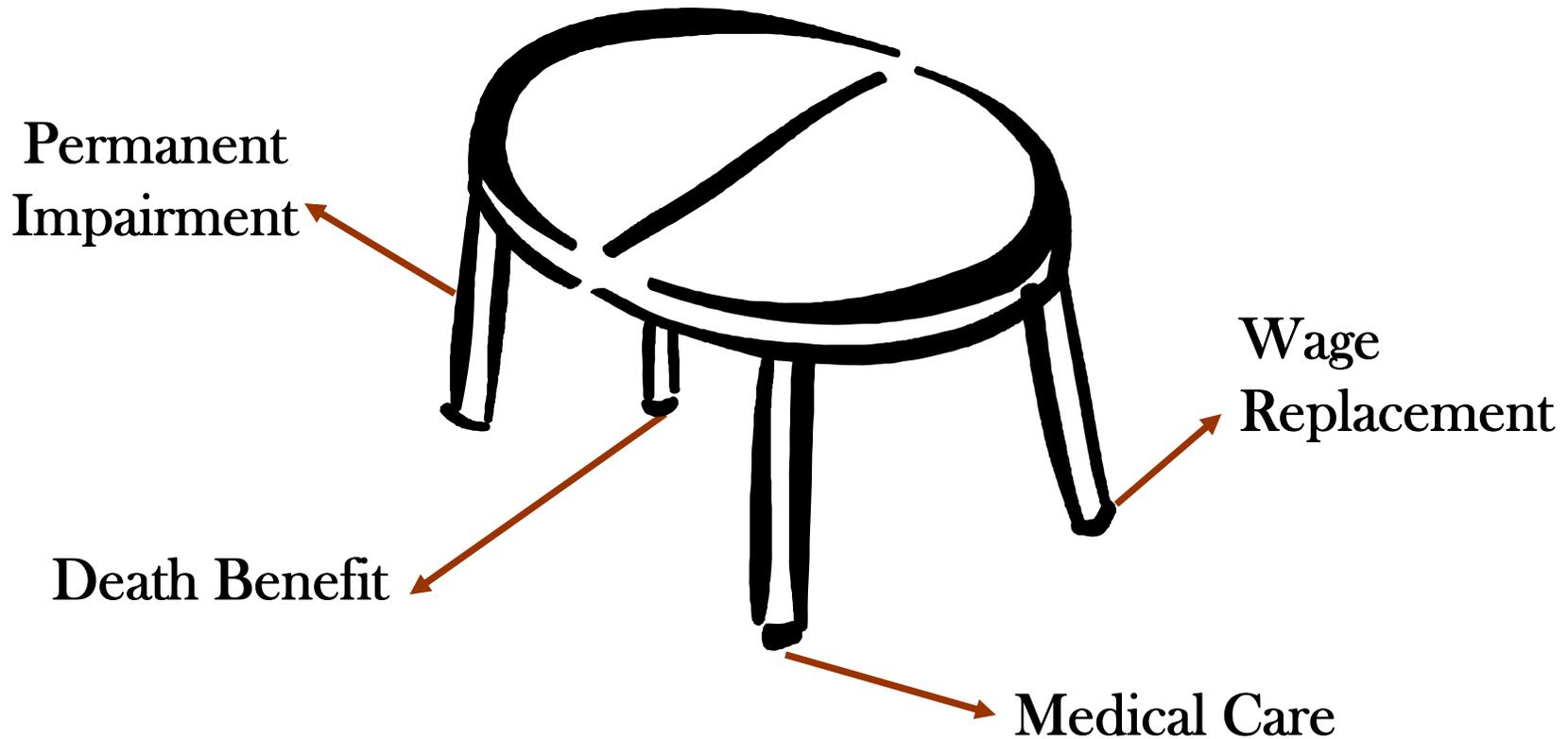


Offices of the Insurance  
Commissioner

# Claim Administration in WV



# The Four Legs of a Workers' Compensation Claim



# Treatment Guidelines (in General)

- Common and widely accepted
- We have guidelines for diabetes, HTN, asthma, back pain, heart failure.....
- Why have them?
  - ❖ Establish a standard of care
  - ❖ Based on large pool of medical data
  - ❖ They are educational for providers
  - ❖ Assure quality care that is safe and reasonable
  - ❖ They can lead to medical cost savings

# History of Guidelines/Rule

- Originate in early 90's in WC through HCAP
- Medical experts developed guidelines “at the request of the Commissioner”
- Approval through the Performance Council/Board of Managers in public hearing process
- Senate Bill 2013 required guidelines be set into Rule

# Rule 20 Medical Management

- 85CSR20 went into effect June 14, 2004
- It remains the key treatment guideline for WV claims
- Covers the full scope of reporting, diagnosis, treatment and rating of work-related conditions
- Special sections address chronic pain, opiate use, psychiatric and impairment ratings

# Rule 20 Medical Management

- Conditions not covered in Rule 20: asthma, specific toxic exposures, traumatic brain injury
- Use of other medical guidelines to manage claims
- Examples: FDA recommendations, ACOEM guidelines, ODG, National Guidelines Clearinghouse
- Explain the facts clearly and logically!

# Rule 20 is unique in that it:

- Encourages dialogue about the care of the injured worker with wording such as...”on a case by case basis”...”with appropriate documentation”...”with prior authorization”.
- It allows for payment for treatment of conditions that complicate recovery following a work-related injury “at the discretion of....”

# MMOC Rule (20) contains:

- Statement of purpose, definitions
- Description of the role of the treating physician and medical reporting requirements
- Coverage and billing provisions
- Specific Treatment Guidelines
- Special Rules on Drugs and Medications
- Expected Period of Time to Reach Maximum Medical Improvement
- Range of Partial Disability Awards

# 85-20-3 Definitions

- Defines MMI
- Defines Permanent Impairment
- Sets the standard for chart note content



# 85-20-4 Adoption of Standards

- “treatments and limitations on treatments set forth in this Rule are presumed to be medically reasonable and treatments in excess of those set forth are presumed to be medically unreasonable”

# 85-20-5 Qualified Providers

- Defines provider types
- License issues
- IME requirements

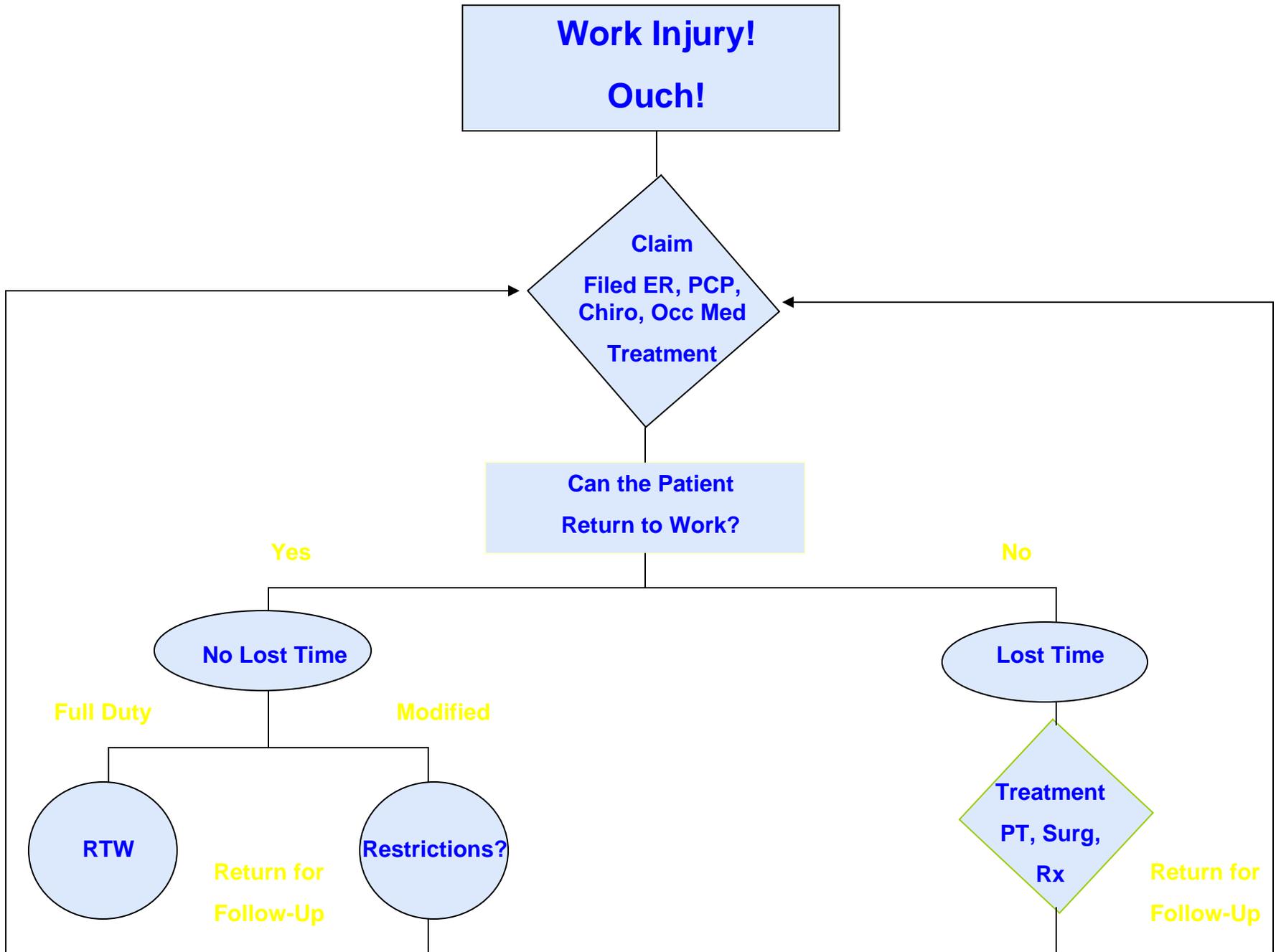


# 85-20-6 Treating Physician

- Defines treating physician
- 6.2 “Whenever possible, the treating physician should use the least costly mode of treatment”
- What is the role of the treating?

# What is the role of the treating physician?

- Establish the diagnosis
- Treat the condition
- Determine if the condition is causally related to work activity
- File the proper paperwork to create the claim
- Manage disability and return-to-work
- Rate permanent impairment



# Section V: Treatment Guidelines

- Wide range of conditions covered
  - ❖ Psychiatric
  - ❖ Concussions
  - ❖ Eye injuries
  - ❖ Spine
  - ❖ Extremities
  - ❖ Hearing Loss
  - ❖ Pulmonary
  - ❖ Pain issues



# Lumbar Fusion

- Clear concise guideline
- Recognizes degenerative conditions
- Spells out specifically the compensable conditions



# Long-Term Opiates

- Creates a path for appropriate management of severe pain
- Limits utilization and diversion
- Requires behavioral issues be addressed

# Physical Medicine

- Sets an important limit on therapies
- Flexible in those who need it
- Establishes reporting and referral requirements

# Carpal Tunnel Syndrome

- Caused by work vs. noticed at work?
- Rule requires careful consideration of causality
- Double crush
- Misunderstandings about NCS
- Conservative therapy – When is it the right choice?
- RTW in CTS

# Psychiatric Rule

- 12.2 a. defines “Work injury related psychiatric disorders” and includes Exhibit A which lists conditions that are not typically associated with work injury.
- It also requires a 6 month window for the recognition of a psychiatric condition.
- Examples...

# Psychiatric (cont'd)

- 12.2 i. Sets a interval for the attainment of MMI.
- What does that mean for claim management?
- Examples...

# Psychiatric (cont'd)

- 12.4 addresses compensability
- Requires psychiatrist evaluation to assign causality
- Reporting requirements
- Examples...
- WV has no “mental/mental” claims

# Psychiatric (cont'd)

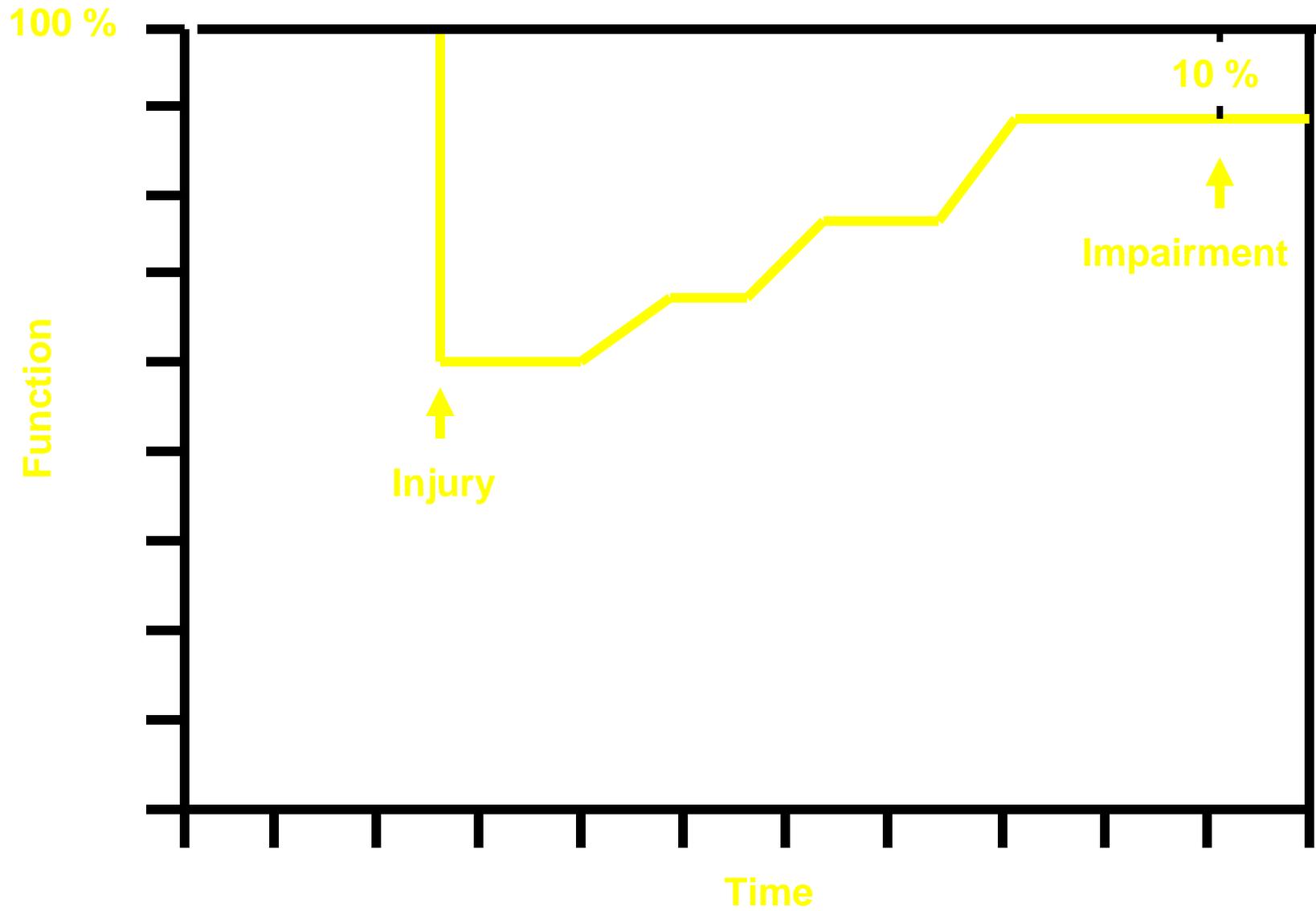
- 12.6 creates a way to treat conditions that are not injury-related but complicate recovery
- Billed using psychological billing codes
- No need to accept a Psych DX in order to cover treatment

## EXPECTED PERIOD of TIME to REACH MAXIMUM MEDICAL IMPROVEMENT

- The following are Pursuant to W.Va. Code §23-4-3b(b), outlining some of the resources available to carriers in finding the injured worker has reached MMI. Per the above code the Insurance Commissioner has accepted the Medical Disability Advisor, Workplace Guidelines for Disability Duration Presley Reed, MD (4th Edition) (“Presley Reed Guide”) for purposes of establishing the expected period of time to reach Maximum Medical Improvement (MMI). However; this rule shall not prohibit carriers from using other guidelines for the purpose of establishing the expected treatment protocols necessary to reach MMI for various injuries and diseases as long as such guidelines are part of a ‘Managed Care Plan’ otherwise approved by the Insurance Commissioner pursuant and in line with W.Va. Code §23-4-3(b)(2)(2003).

# What about disability duration?

- How do we look at that?
- Section VI sets up Reed's MDA as the reference point.
- What can you do to better manage the claim with that data in hand?



# The Role of the: Independent Medical Examination

- To determine whether the claimant has reached MMI
- To rate impairment
- To evaluate causality
- For treatment redirect and second opinion
- To build objective documentation

# Permanent Partial Awards

- West Virginia remains an **AMA Guides 4<sup>th</sup> Edition** State
- Rule 20 further addresses permanent partial impairment awards in section VII.
- Carpal Tunnel Syndrome is capped at a maximum of 6% per side
- Spine rating is performed using first ROM and then placement into the diagnosis tables included in the Rule

# Rule 20 and the 4<sup>th</sup> Edition

- “All evaluations, examinations, reports, and opinions with regard to the degree of permanent whole body medical impairment which an injured worker has suffered shall be conducted and composed in accordance with the “Guides to the Evaluation of Permanent Impairment,” (4<sup>th</sup> ed. 1993), as published by the American Medical Association.

WV 85CSR20-65.1



# Rule 20:

- Prohibits payment for experimental and unproven therapies.
- Prohibits payment for methadone maintenance programs.
- Limits payment for physical medicine treatments but allows for treatment for “flare-ups”.
- Clearly identifies patients for whom long-term opiate pain medications may or may not be reasonable and safe.



# **CONTACT INFORMATION**

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