



The ODG by MCG Treatment Tab

The ODG Treatment Guidelines allow users to obtain evidence-based, up-to-date, clinical summaries with medical necessity guidance that includes patient selection criteria and citations to the medical literature. As part of MCG Health, our editorial department analyzes and classifies peer-reviewed papers and research studies each year to develop our treatment guidelines, which are in strict accordance with the principles of evidence-based medicine. Thousands of references and unique citations are reviewed and ranked annually. In addition, the recommendations in ODG are reviewed by our large external Editorial Advisory Board consisting of over 100 doctors from all different specialties.

ODG provides an extensive database of therapies, including various interventional treatments, surgeries, physical medicine modalities, diagnostic and imaging tests, complementary/alternative medicines, and virtually any other treatment or procedure that might be considered in the occupational and non-occupational arenas. Each treatment includes a recommendation status (Recommended, Conditionally Recommended, Under Study, or Not Recommended), as well as a supporting recommendation statement, followed by ODG Criteria, and a summary of the medical evidence.

Click the links below or scroll through to learn more:

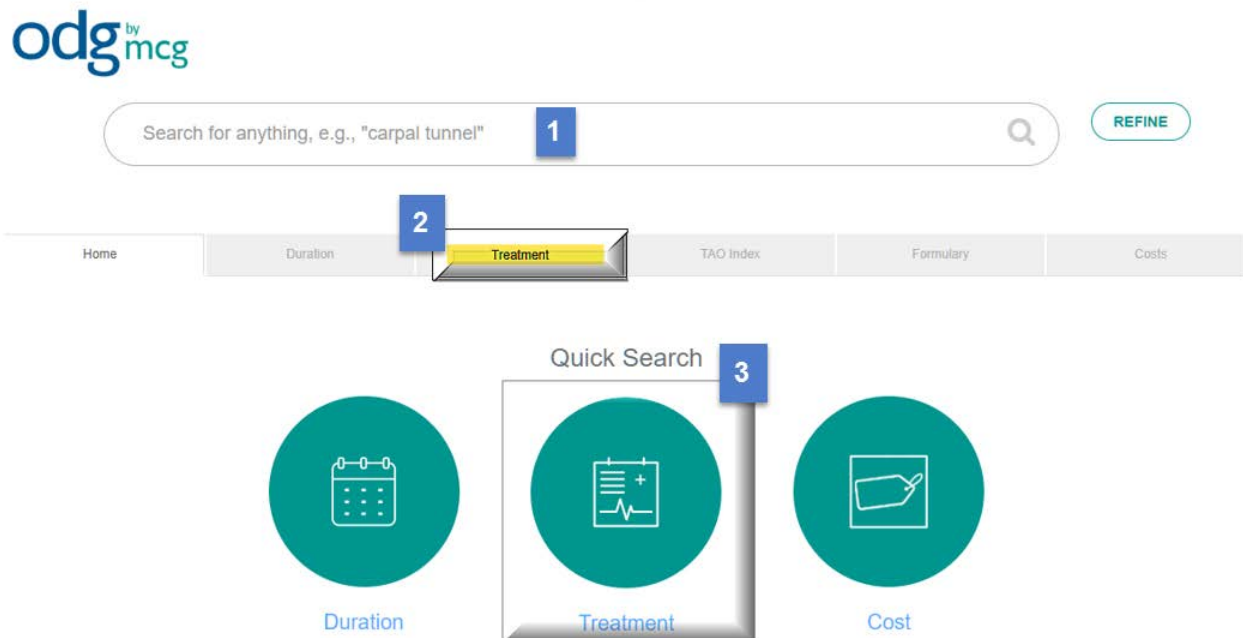
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Searching the Treatment Guidelines

Searching for treatments and/or procedures can be done in a variety of ways, outlined below.

Search Field

Type a treatment/procedure name in the search field on the home page **(1)** or click on either the Treatment Tab **(2)** or the Treatment Icon **(3)** and then type the search term.




Each of these will allow you to search for a specific treatment and/or search for treatments based on the affected body system (i.e. if you are searching for a low back sprain, clicking on the treatment tab will show all treatments for the low back).

Search by Type

Scroll down on the Home page to find more options for accessing content. Search for treatments by body system using the human body graphic (4) or click on one of the Top 15 treatments (5) found on the far right.

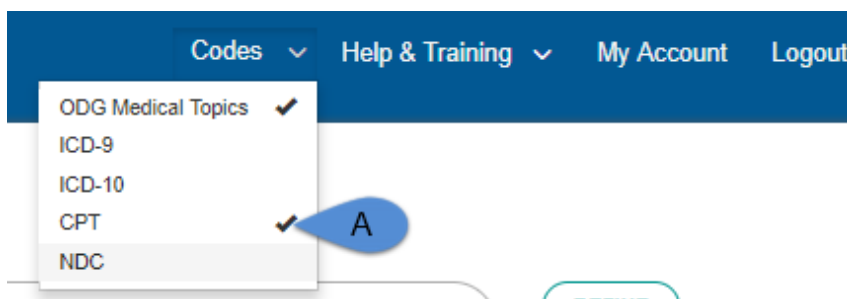
Browse by Type



Return-To-Work Diagnoses	Medical Treatments
Back sprain	Discectomy
Whiplash	Physical therapy
Shoulder sprain	Manipulation
Depression	Spinal fusion
Ankle sprain	Knee replacement
Osteoarthritis	Hip Replacement
Carpal tunnel syndrome	Rotator cuff repair
Hernia	Meniscectomy
Meniscus tear	Carpal tunnel release
Chronic pain	Hernia repair
Broken arm	Medications
Knee sprain	Injections
Foreign body in eye	Opioids
Wrist sprain	PTSD
Generalized anxiety disorder	CRPS

Search by CPT Code

Add the ability to search by CPT codes using the “Codes” dropdown in the upper right corner of the Home page. A checkmark will appear next to “CPT” when CPT search is enabled (A).



Filter Treatment Topics

From the treatment tab, filter by Recommendation, Category, or Body Part/System. Without entering any keyword in the search field, this function will filter through all the topics found in the treatment guidelines (ex. If looking for all recommended diagnostic studies for the elbow, change the first filter to “Recommended,” the second filter to “Diagnostic Testing,” and the third filter to “Elbow” – see screenshot below for displayed results).

Filter Treatment

RESET

Recommendation

All Recommendations ▼

Category

All Categories ▼

Body/System

All Body/Systems ▼

Home	Duration	Treatment 	TAO Index	Formulary	Costs
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 Treatment Info

Treatment 6 results

-  Elbow - Computed tomography (CT)
-  Elbow - Cubital tunnel syndrome (ulnar nerve entrapment) testing
-  Elbow - Elbow extension test
-  Elbow - MRI
-  Elbow - Radiography (x-rays)
-  Elbow - Ultrasound, diagnostic

Filter Treatment

RESET

Recommendation

Recommended (generally) ▼

Category

Diagnostic Testing ▼

Body/System

Elbow ▼

Treatment Recommendations Key:

R: Recommended

CR: Conditionally Recommended

NR: Not Recommended

US: Under Study

O: Other – usually a cross referenced topic indexed for search purposes, or a definition

Layout of the Treatment Recommendation:

Once you select a treatment topic, it will contain the following features:

1. **Treatment Name**
2. **Body System:** Body part/system (i.e. Pulmonary, Shoulder, Low Back, etc.)
3. **Treatment Type:** Category of treatment topic (i.e. surgery, imaging, physical medicine, etc.)
4. **Related Topics (if applicable):** Other relevant treatment topics that may be similar
5. **Recommendation Status:** Recommended, Conditionally Recommended, Not Recommended, or Under Study
6. **Recommendation Statement:** Further clarifies the Recommendation Status
7. **ODG Criteria (if applicable):** Highlighted in blue, provides indications to optimize success (i.e. patient selection criteria or number of visits)
8. **Risk vs. Benefit Statement (not available for all procedures/treatments):** Highlighted in orange, provides a high-level abstract with key information regarding the potential risks and benefits of the given treatment, helping to further define the type of patient that would most benefit, and when the associated risks may outweigh the potential benefits
9. **Evidence Summary:** Summary of the supporting medical evidence, with links from the citations to the abstracts in PubMed
10. **CPT Codes:** List of associated CPT codes

Home	Duration	Treatment	TAO Index	Formulary	Costs
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Treatment Info
 Print
 Copy URL

Arthroplasty 1

Body system: 2 Hip and Pelvis
 Treatment type: 3 Implants, Surgery
 Related Topics: 4 See also [Revision total hip arthroplasty](#).

10 CPT Codes
 27125
 27130
 27132

5 **Conditionally Recommended**

6 Recommended as indicated below when all reasonable conservative measures have been exhausted and other reasonable surgical options have been seriously considered or implemented. (Colorado, 2001) (Dreinhoefer, 2006) (Mears, 2002)

ODG Criteria

7 **ODG Indications for Surgery™ -- Hip arthroplasty:**
 Criteria for hip joint replacement:
 1. **Conservative Care:** Exercise therapy (supervised PT and/or home rehab exercises). AND Medications (unless contraindicated: NSAIDs OR Steroid injection). (Surgery should be delayed a minimum of 3 months, preferably 1 year following any intra-articular corticosteroid hip injection, due to increased risk of peri-prosthetic infection.) AND documented significant weight loss effort with BMI \geq 30. PLUS
 2. **Subjective Clinical Findings:** Limited range of motion. OR Night-time joint pain. OR No pain relief with conservative care. PLUS
 3. **Objective Clinical Findings:** Over 50 years of age (but younger is OK for shattered hip when reconstruction is not an option) AND Body mass index (BMI) < 35, as increased BMI poses significantly elevated risks for post-op complications. (Pre-operative bariatric surgery is not supported, but may be otherwise indicated for unrelated medical (disease of life) reasons) PLUS
 4. **Imaging Clinical Findings:** Osteoarthritis on standing x-ray OR arthroscopy.
 For average hospital LOS if criteria are met. see [Hospital length of stay \(LOS\)](#). See also [Skilled nursing facility LOS \(SNF\)](#). (George, 2017)

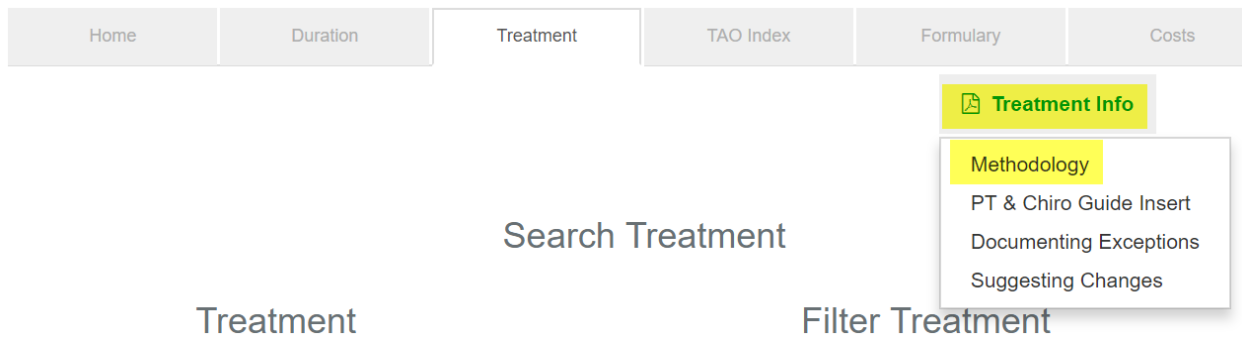
Risk vs. Benefit

8 The risk/benefit tradeoff for total hip arthroplasty (THA) is best for patients who have moderately severe symptoms of hip osteoarthritis, are at least 50 years old, have limited mobility, and have a BMI < 35. The primary reason for joint replacement is pain relief. With reported patient satisfaction up to 96%, THA has been touted as the most successful orthopedic procedure for relieving chronic pain. Typically, pain and quality of life are improved to normal, with function improved to within 75% normal. Most patients maintain moderate to high activity levels, and low back and spinal function are also generally improved. In the past decade, mortality rates have fallen by half to under 0.3%. Even beyond age 80, surgical mortality is under 2%. This success is attributed to advances in surgical approach, both mechanical and chemical thromboprophylaxis, as well as spinal anesthetic improvements. Risks are natural consequences of such large operations, and include infection, DVT/PE, fracture, dislocation, and early prosthetic loosening, among others. Obesity is especially problematic, with complication rates for THA being 4 times higher, as well as worse functional outcomes than for non-obese patients.

9 **Evidence Summary**
 After total hip arthroplasty (THA), there is a 96% rate of post-surgical satisfaction. (Mariconda, 2011) One high-quality review concluded that in comparison with internal fixation, arthroplasty for the treatment of a displaced femoral neck fracture significantly reduces the risk of revision surgery, but could cause greater infection rates, blood loss, and operative time, as well as a possible increase in early mortality rates. (Bhandari, 2003) In terms of surgical methods, one study concluded that no significant difference between posterior and direct lateral surgical approach was found. (Jolles, 2004) This study suggests that intervention programs in search of amendable factors to prevent surgical site infections (SSIs) should focus on timely administration of antibiotic prophylaxis. For patients undergoing elective THA, the use of antibiotics with long vs short half-lives and broad vs narrow spectrums, timing of antibiotic administration before incision, and duration of antibiotic administration after surgery do not affect the incidence of surgical site infection. Only longer duration of surgery shows the 75%

Methodology

Review the ODG Methodology by clicking on “Treatment Info” in the upper right corner while on the Treatment Tab. From the dropdown menu, click on Methodology. This will open the Methodology document which provides a detailed overview of the AGREE (Appraisal of Guidelines for Research and Evaluation) instrument for evaluating the evidence-based medical guidelines and formulating recommendations as well as the extensive processes that go into each treatment recommendation



Other Tools

From the same area, you can also access:

- 1) **PT & Chiro Guide Insert:** Additional information on the methodology for recommendations regarding physical therapy and/or chiropractic therapy
- 2) **Documenting Exceptions:** Provides an outline for the process one should follow in cases of extenuating circumstances not covered in ODG Criteria
- 3) **Suggesting Changes:** Provides an inclusive and transparent process for the public to offer suggestions for additions to the ODG guidelines

