Physical Therapy and Chiropractic Guideline Methodology

Physical Therapy Guidelines

Physical therapy guidelines include recommended frequency and therapy visit duration for medical conditions that may require physical therapy. These guidelines provide evidence-based benchmarks for the number of visits with a physical or occupational therapist and the period during which these visits can take place. The physical therapy guidelines do not describe the type of therapy that is required.

The number of visits does not include work hardening programs, work conditioning programs, or independent exercises programs. The visits indicated are for outpatient physical therapy with the physical therapist's judgment as a consideration in determining the appropriate frequency and duration of treatment.

The physical therapy guidelines are supported by relevant medical literature and actual experience data, combined with consensus review by experts. The most important data source is the high-quality medical studies that are referenced in the treatment guidelines. The clinical trials show effectiveness for these therapies and the number of visits required to achieve the outcome of each study, combined with the same information from other successful studies to arrive at the benchmark of visits in ODG.

There are physical therapies philosophies that may not be specifically mentioned within each guideline:

- An increase in the active regimen of care with a decrease in the passive regimen of care and a fading of treatment frequency.
- The exclusive use of "passive care" (for example, palliative modalities) is not recommended.
- Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program.
- The use of self-directed home therapy will facilitate the fading of treatment frequency from several visits per week at the initiation of therapy towards fewer visits at the end.
- Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy).
- When treatment duration and/or the number of visits exceeds the guideline recommendation, exceptional factors should be documented.

There should be no more than four modalities/procedural units per therapy visit. This allows the therapist to focus on treatments that have shown evidence of functional improvement and limit the total length of the visit to 60 minutes. Exceptions should require supporting documentation from the therapist.

Treatment times per session vary based upon the patient's medical presentation, however, are typically 45-60 minutes to provide optimal care to the patient. Additional time may be required for the more complex and slow-to-respond patients. The average of three or four modalities/procedural units per visit reflects a typical visit. This is not intended to limit or cap the number of units that are medically necessary for a patient, however, the documentation should support the need to exceed four units per visit. These additional units should be reviewed for medical necessity and then authorized if determined to be medically appropriate for the patient. An example would be a patient where co-morbidities involve completely separated body domains.

The treatment guidelines within ODG should be referred to for more detail and for recommendations about specific treatments and modalities along with supporting links to the highest quality relevant medical studies. The treatment guidelines identify the maximum number of visits that can be justified by the evidence. This does not mean that a provider should perform every possible treatment that may be recommended or always deliver the maximum number of visits without considering what is needed for the patient.

Duplication of services is not considered medically necessary. The recommendations for the number of visits are guidelines and are not meant to be an absolute cap for every case or not meant to be a minimum requirement on each case (i.e., the therapy visits are not an "entitlement"). Any provider doing this is not using the guidelines correctly and provider profiling would flag these individuals as outliers. This applies to all types of treatment.

Flexibility is important in the time frame recommendations. Generally, the number of weeks recommended should fall within a relatively cohesive time frame between the date of the first visit and the last visit. This should not restrict additional recommended treatments such as scheduling issues or necessary follow-up compliance with a home-based program.

The same principles should apply when there are co-morbidities as in the guidelines for return-to-work. In estimating the maximum number of treatment visits for the patient with multiple diagnoses, the user should use the number from the diagnosis with the longest number of visits. Therapy for the lesser diagnosis can be done during the same visits.

Additional documentation should be required for medical necessity if these therapies cannot be performed concurrently. Additional visits or additional time for a visit may be justified for cases where co-morbidities involve separate body domains that would be difficult to combine.

Each billed treatment should require one-on-one contact with the licensed therapist and not include modalities/exercises that the patient has learned to do on their own without supervision. Physical therapy visits post-surgery should be considered separately from visits administered during conservative treatment.

Additional physical therapy visits may be needed after a patient returns to modified or full duty work and a flare-up of the original condition occurs. The second treatment of therapy for the same condition may be considered within a year. Additional therapy should be limited to prevent potential abuse from multiple absences from work (for example three, four, five in one year).

Physical medicine treatment (including PT, OT, and chiropractic care) should be an option when the following apply:

- There is evidence of a musculoskeletal or neurologic condition that is associated with functional limitations.
- The functional limitations are likely to respond to skilled physical medicine treatment (for example, fusion of an ankle would result in loss of ROM, but this loss would not respond to PT, though there may be PT needs for gait training, etc.).
- Care is active and includes a home exercise program.
- The patient is compliant with care and makes significant functional gains with treatment.

Chiropractic Guidelines

The chiropractic guidelines provide evidence-based benchmarks for the number of visits with a chiropractor and the period during which these visits should take place. The chiropractor guidelines are supported by relevant medical literature and actual experience data combined with consensus review by experts.

The most important data sources are high-quality medical studies cited in the treatment guideline as “Manipulation”. For clinical trials that show effectiveness for manipulation, the number of visits required to achieve this outcome is identified in each study and combined with the same information from other successful studies to arrive at the benchmark number of visits in ODG.

Another major source was the “Mercy Guidelines,” the consensus document created by the American Chiropractic Association in conjunction with the Congress of State Chiropractic Associations, entitled *Guidelines for Chiropractic Quality Assurance and Practice Parameters, Proceedings of the Mercy Center Consensus Conference.*

Many of the general philosophies described above under “Physical Therapy Guidelines” should also apply to the chiropractic guidelines. Specifically, in addition to a “six-visit clinical trial,” every six visits thereafter, the treatment chiropractor should validate:

- Improvement in function as it relates to the patient’s essential job functions
- Hours working
- Health-related quality of life indicators (for example, Oswestry Disability Index)
- A standard pain scale for treatment
- Pain reduction accompanied by improved function and/or reduced medication use

Refer to “Physical Therapy Guidelines” for general guidelines that may apply to chiropractic care.

Contact us at odghelp@mcg.com or 1-800-488-5548 for more information on how to use ODG therapy and chiropractic guidelines or to speak with the ODG Strategic Solutions team about obtaining a customized plan designed to meet the unique needs of your organization.