

# Functional *and* Profitable Industrial Rehab

Over the past 13 years, the most frustrating aspect of working in industrial rehab is that this programming is perceived as “out on an island” specialty programs. Clinicians think industrial rehab programs are end-of-treatment programs; however, clinicians who treat Workers’ Compensation patients as if they are in an industrial rehab program, from initial eval to return to work, specialize in the treatment of the injured worker and are financially successful.

Seven years ago, I had the opportunity to implement industrial rehab into a network of 15 private-practice clinics. Certainly the owner’s goal was to make money; to accomplish this we needed to make sure that the culture of the company supported industrial rehab.

The program needed to incorporate industrial rehab philosophies from initial outpatient evaluation. The network also needed services that functionally test the patients during outpatient therapy. Medicare looks for functional goals/results in progress notes, and Workers’ Comp programs are following suit in many states.

The steps to turn these practices into leaders in Workers’ Comp included:

1. Implementing a form in which the patient documents the functional aspects of his job at initial eval.
2. Making sure that 75-100 percent of the therapists’ long-term goals were functional, return-to-work goals.
3. Instead of writing musculoskeletal progress notes to the physician, testing injured joints or body parts functionally to assess functional progress.
4. Sending these functional progress notes to the physician, the insurance provider and the employer.
5. Offering a full array of Workers’ Compensation services and training all therapists to incorporate these services throughout the rehab process, at all locations.

The full menu of services implemented into these 15 locations included functional



capacity evaluations, work conditioning and job-site analysis, as well as two proprietary services: a functional re-assessment administered during the course of treatment and a functional assessment performed at discharge that focuses on the patient’s return-to-work ability. The proprietary services bill using CPT code 97750: Physical Performance Test and Measure.

We performed the proprietary services with every Workers’ Comp patient. When clinically appropriate, the therapist performed a functional test on the client’s specific injured body part to see how close that injured body part was to return to work. This testing did not require insurance approval, nor did it require a doctor’s order since there was no difference between performing a functional test or a musculoskeletal test. The functional test took a bit longer but not any longer than the scheduled visit length.

Following the functional testing, the therapist wrote up a summary of the client’s functional return-to-work abilities and submitted the report to the physician, the insurance company and, most importantly, the employer. The clinicians were now marketing their Workers’ Comp specialty to the employers, who appreciated a document that spoke their return-to-work language. Injured employees began returning to work

quicker, and employers began to view the practice network as a local specialist in the treatment of their employees.

The employers started asking about other services the network could provide. For the practices, the most profitable result of this functional approach was a 100-percent increase in work conditioning referrals.

Many therapists continued to test their clients’ musculoskeletal improvements and found many of their clients to be at 5/5 for strength with full range of motion. They realized, however, that the clients were still not able to perform the functional aspects of their jobs. This coincided with research that says ROM correlates mildly to function, and muscle strength correlates very poorly to function.

Once the therapists realized that the clients were unable to perform the functional aspects of their jobs despite strength and ROM improvements, they recommended work conditioning. They were proactively making sure their patients were able to perform the physical demands of their jobs; if a client functionally could not perform the tasks of his job, the therapist referred the client to the practice’s work conditioning program.

With objective functional testing to back up these work conditioning recommendations, the insurance carrier denied very few referrals.

Private-practice owners and rehab directors can significantly increase revenue by improving their Workers’ Comp services and thus maximizing reimbursement with these clients. Program improvement includes offering a full menu of industrial rehab services throughout the client’s continuum of care, not just at the end of treatment. ■

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