What is reasonable medical treatment?

Claim management	
~	✓ Claim reviews
~	✓ Medical treatment and other support
~	Rehabilitation and return to work
~	✓ Incapacity calculation and payment
~	Reimbursement and other payments
~	 Overpayments and recoveries
~	✓ Work related death
~	✓ New or changed conditions
~	✓ Permanent impairment
	✓ Miscellaneous

Jump to:

Introduction

The meaning of 'reasonable' and the Clinical Framework

Concurrent medical treatment

Individual and group sessions by the same provider type

Medical treatment by skype or telephone

Medical treatment

The meaning of 'reasonable' Assessing whether medical treatment is reasonable

Obtaining additional medical evidence

Introduction

In the majority of cases, particularly at the acute stage following an injury, it will be clear that medical treatments claimed are reasonable, based on medical evidence and information in <u>MDGuidelines</u> about medical conditions and their treatment.

In the post acute (chronic) stage, particularly where the employee is beyond the expected recovery timeframe for their specific condition, you should carefully assess whether treatment is 'reasonable' for the employee to obtain.

Return to top of page | Return to top of section

The meaning of 'reasonable' and the Clinical Framework

The term 'reasonable' is not defined in the SRC Act. However, in terms of medical treatment, it is commonly used to indicate something that is consistent with professional health care standards and community expectations.

The <u>Clinical Framework</u> provides a set of guiding principles for the provision of healthcare services for injured people, healthcare professionals and decision makers.

You should refer to the Clinical Framework when assessing the reasonableness of medical treatment. The principles outlined in the Clinical Framework should guide you when assessing whether medical treatment is effective in empowering an

employee to manage their injury to return to work and health.

Note: 'Clinically justified' is a term commonly used by health professionals to refer to medical treatment they consider reasonable.

Return to top of page | Return to top of section

Assessing whether medical treatment is reasonable

The reasonableness of each claim for medical treatment should be assessed on its merits based on the employee's individual circumstances and available clinical evidence.

When assessing whether medical treatment is reasonable, you should consider the following principles, which are based on the Clinical Framework:

- 1. demonstrate effectiveness
- 2. biopsychosocial approach
- 3. empowerment
- 4. goal focused
- 5. evidence based.

To consider these principles, you should work through the questions below. If a treating practitioner has satisfied the questions below related to each principle, the treatment is likely to be clinically justified and reasonable. If the questions below are not satisfied, the treatment may not be clinically justified or reasonable.

If you are unsure whether the questions below are satisfied, you may need to obtain guidance on treatment options or additional medical evidence.

Principle one: Demonstrate effectiveness

The objective of this principle is to demonstrate the effectiveness of the proposed treatment. To determine if the proposed medical treatment is reasonable, you should consider whether:

- the treating practitioner has demonstrated the treatment will result in a measurable benefit assisting the employee's return to work and health
- the treating practitioner has provided functional and health related goals relevant to the employee's injury
- there are reliable and valid outcome measures related to the goals of the medical treatment.

Principle two: Biopsychosocial approach

The objective of this principle is to consider the proposed treatment in a holistic manner. To determine if the proposed medical treatment is reasonable, you should consider whether:

- the treating practitioner has addressed any biological factors likely to result in the treatment goals not being achieved (such as other serious medical conditions)
- the treating practitioner has addressed any psychosocial factors likely to result in the treatment goals not being achieved (including but not limited to the employee having unhelpful beliefs about their injury, job dissatisfaction, and/or low expectations about return to work)?

Principle three: Empowerment

The objective of this principle is to ensure that the employee is empowered. To determine if the proposed medical treatment is reasonable, you should consider whether the employee is through education, expectation setting and/or self-management strategies being empowered to manage their compensable condition independently.

Principle four: Goal focused

The objective of this principle is to ensure that appropriate goals, developed in collaboration with the employee, have been set for the medical treatment. To determine if the proposed medical treatment is reasonable, you should consider whether:

- functional and health related treatment goals been developed in collaboration with, and agreed to by, the employee
- the treatment is, considering other treatment options, a good value investment towards meeting the treatment goals?
- the treatment goals are SMART i.e., specific, measurable, achievable, relevant and timed
- progress towards goal achievement is regularly assessed and reset or modified where necessary?

Principle five: Evidence based

The objective of this principle is to ensure that the proposed medical treatment is informed by the best available and highest-level research evidence. To determine if the proposed medical treatment is reasonable, you should consider whether:

- the treatment is based on the best available research evidence (e.g., a systematic literature review)
- the research evidence indicates that the treatment is effective and unlikely to cause harm?

The <u>Clinical Justification Assessment Guide</u> can assist your work through the Clinical Framework principles when assessing the reasonableness of medical treatment.

Experimental medical treatments are usually not reasonable. Claims for experimental treatments should be referred to the Clinical Panel for review.

Return to top of page | Return to top of section

Obtaining additional medical evidence

If the available evidence is insufficient for you to make a determination, you can request further evidence by:

- requesting a Medical Report from a legally qualified medical practitioner (LQMP) or other registered treatment provider
- referring the claim for a Clinical Panel Review for further guidance refer to the page Clinical panel review, or
- arranging an Independent Medical Examination (s57) for further guidance refer to the page <u>Independent medical examinations</u>.

You should refer to MDGuidelines when drafting questions to LQMPs or in preparation for a section 57 assessment.

Return to top of page | Return to top of section

Concurrent medical treatment

Comcare considers physiotherapy, chiropractic and osteopathic treatments to be similar physical therapies. If an employee is receiving two or more of these therapies at the same time (concurrently), they may be treating the same issues. If two similar therapies are treating the same issues, it is difficult to measure the benefit and effectiveness of the individual therapies.

Treating practitioners are expected to closely communicate with the LQMP in respect of an employee's compensable condition to ensure that the treatment is aligned with the employee's recovery, rehabilitation and return to work. This is particularly important in the case of concurrent medical treatment.

Unless multiple physical therapies form part of a coordinated Comcare-approved treatment plan, you should only approve one physical therapy by one provider type or practice at any one time. If a request is received for concurrent physiotherapy, chiropractic or osteopathic treatment, you should explain Comcare's policy to the LQMP.

You should consider the following points when asking an LQMP about their request for concurrent treatment:

- the clinical rationale as to why two or more physical therapies (physiotherapy / chiropractic / osteopathic) are required for the management of the employee's condition
- how the goals of two or more physical therapies differ and/or how they complement each other, and
- how the progress of two or more physical therapies will be measured.

If the LQMP still wishes to proceed with concurrent treatment, you should ask them to provide in writing, clinical justification for the similar treatment.

Assessing a request for concurrent treatment

If an employee submits a claim for concurrent physical treatments, you should phone the employee and:

- 1. advise them that Comcare would only pay for one physical treatment at a time, except where there is compelling clinical justification
- 2. ask them to choose which physical treatment type they would prefer
- 3. discuss which treatment is likely to be most beneficial with their doctor prior to liability being determined, and
- 4. reassure them that if the type physical treatment they choose is not effective, Comcare could consider giving them approval to try another type of treatment.



Individual and group sessions by the same provider type

Individual and group sessions provided concurrently by the same treating practitioner are reasonable because the same practitioner type is providing the services. Individual and group therapy sessions with different therapists can be funded as long as the same provider type (physiotherapist, chiropractor or osteopath) is providing the treatment.

Return to top of page | Return to top of section

Family members or friends providing medical treatment

An employee obtaining medical treatment from family members or friends, or self-treating, is not considered reasonable medical treatment. Family or friend relationships can affect professional objectivity and judgement. It may also be difficult for a treating practitioner, who is a family member or friend of the injured employee, to obtain a complete medical history and to perform a thorough examination.

Medical or allied health providers should encourage their family members and friends to have an independent and trusted treating practitioner who can coordinate their care. They should avoid being a treating practitioner of a family member or friend. This is supported by professional codes of conduct which should be cited when informing employees that treatment provided by their family/friends is unreasonable. The Medical Board of Australia's Code of Conduct for Doctors states:

"Whenever possible, avoid providing medical care to anyone with whom you have a close personal relationship. In most cases, providing care to close friends, those you work with and family members is inappropriate because of the lack of objectivity, possible discontinuity of care, and risks to the doctor and patient. In some cases, providing care to those close to you is unavoidable. Whenever this is the case, good medical practice requires recognition and careful management of these issues."

Although the Code of Conduct only applies to legally qualified medical practitioners (LQMP), the same principal applies for allied health treatment providers. You should consider who is providing the treatment when assessing the reasonableness of the medical treatment.

You should ask for provider details if you think the treatment has been provided by a medical provider who might be related or known to the injured worker and if you discover something that does not look right, feel right or when you receive information either from the employee or another source (employer, rehabilitation provider etc.) that is relevant and has the potential to impact the management of a claim, please refer to the "Just Ask" process.

Return to top of page | Return to top of section

Medical treatment by skype or telephone

In deciding whether approval should be given for treatment provided via skype or telephone, you should consider the reasons why the treatment is being sought via that method.

The SRC Act does not define the manner by which treatment must take place. It is therefore open to you to determine that treatment via these methods is payable. The treatment must still constitute 'medical treatment' within the meaning of the SRC Act, and be reasonable for the employee to obtain in the circumstances.

Where treatment can be obtained in person, without significant difficulty, then approval of treatment by skype/telephone would generally not be reasonable.

Significant difficulty may include situations where the employee lives in a very remote location where treatment is not available, and their injury or personal circumstances would prevent them from being able to travel to obtain the necessary treatment.

It is likely that the type of treatment being sought via skype/telephone will be mental health counselling services. Where there is concern about an employee undertaking an 'unsupported' consultation (meaning the employee is alone during the consultation), you should discuss the concerns with the treating practitioner.

It is unlikely that treatment via skype/telephone for physical conditions would be appropriate. In the event of a request, you should discuss the case with your Assistant Director to ascertain whether the specific treatment could adequately be provided via the requested method.

Return to top of page | Return to top of section