



**EXECUTIVE SUMMARY:** With therapy payment dwindling and clinic expenses on the rise, private practice clinics are looking to bring in revenue from other sources. Maximizing workers' compensation revenue by increasing workers' compensation referrals, implementing functional return-to-work testing during outpatient rehab, and implementing quality industrial rehabilitation programs are key to increasing revenue streams.

PRIVATE PRACTICE PHYSICAL THERAPY CLINICS ALL OVER the United States are pinching their pennies. From health care reform and Medicare cuts, to workers' compensation managed care, payment is falling while clinic expenses and staff salaries are rising. Both small and large business owners/directors are looking for ways to offset these concerning trends. Workers' compensation is seen as the means to offset this trend through

various initiatives. Whether your practice is in a great or poor reimbursement state, or whether you are or are not contracted with workers' compensation managed care organizations, the primary goal is increasing workers' compensation volume.

How can private practitioners increase workers' compensation outpatient rehabilitation volume? The following 6 strategies are suggested, with the understanding that they will work to differing degrees, based on your market.

### Strategy 1

Understand the difference between rehabilitating a patient and rehabilitating an injured worker. The professionals involved in getting an injured worker back to work, including case managers, physicians, claims adjusters, patients, and employers, rarely care about the patient's muscle strength and range of motion. Rather, they want to know how close to returning to work your patient is. When you send progress notes specific to a workers' compensation patient, and the physician referral has included strengthening activities, you should be providing all of the



# Industrial Rehabilitation

## State of the Union Address

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parties involved in the case with functional progress notes and functional discharge summaries.

The employer sees very little value regarding whether your workers' compensation patient has 4+/5 strength and 47 degrees of active range of motion. What the employer, case manager, and physician care about is that the patient is able to perform 45.2% of her job. Then, 6 to 10 visits later, the patient can perform 63.6% of her job, which would suggest an 18.4% improvement specifically in regard to being able to perform the essential functions of her job.

When discharging the patient, whether it is the treating physician, case manager, claims adjuster, or managed care organization, and the patient can now perform 73.8% of her job, you have the objective information that suggests: "Yes. The patient can be discharged from skilled outpatient rehabilitation, but will require work hardening, work conditioning, or advanced work rehabilitation in order to perform 100% of her job."

This strategy transforms you into a practice that specializes in the return to work of the injured worker and differentiates you

from the practices that continue to treat injured workers just like any other patient.

### Strategy 2

If you are looking to renovate or rehabilitate your house, would you go to 10 different hardware stores to find the material you need, or would you go to one hardware store that has the full menu of materials you need to complete the project? When an employer is looking to work with an occupational medicine physician, do they choose the physician that just does drug screens and physicals? No. They choose the physician that has a full menu of occupational medicine services.

This same philosophy holds true when a physician, case manager, claims adjuster, or employer directs care for rehabilitation. They want the injured worker to go to a rehabilitation practice that has a full menu of return-to-work services. I'm sure

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you're now thinking, Wait a minute! You do not think that the case manager, claims adjuster, or employer is allowed to direct care your way? Well, whether they are or are not allowed to refer care in your jurisdiction does not change the fact that they *do* direct those services.

Providing outpatient rehabilitation, even if you are the best therapist, does not matter. These outside parties are going to send the patient to the return-to-work specialty practice that focuses on return-to-work function and provides functional capacity evaluations, functional progress notes, functional discharge summaries, work conditioning, job analysis, on-site rehabilitation, on-site injury prevention, ergonomic consultation, back school classes, post-offer employment testing and/or other return-to-work/stay-at-work/injury prevention services. Why? Because they would rather send the patient to a single practice that offers a full menu of services.

### Strategy 3

Workers' compensation managed care is taking over the landscape of workers' compensation rehabilitation. If you sign a contract with managed care, you are not guaranteed that you will see any patient referrals. Many private practices sign these contracts and sit back thinking that the patients will just start rolling in the door. They are surprised when they take a large discount, and then see only a couple of patients per year.

Instead, use this strategy to help increase workers' compensation referrals and establish cash-based on-site services at local employers. When you receive a physician's referral that says 3 times per week for 4 weeks, use one of those visits to take the patient to their job while you perform a job analysis. You do not need a physician's order, nor do you need insurance approval, to do a job analysis. All you need is permission from the employer to set foot on their property with the patient. The patient will not perform their job, but you and the patient will watch someone else doing the job while you take notes on the physical demands required for full-duty return to work. Use CPT code 97537 for each 15 minutes you are on site with the patient.

This is a great soft sell to the employer, allows you to meet the decision makers for on-site cash-based services, helps to break the psychosocial barrier of return to work, but, most importantly, tells the local industry that you are that market's specialist in the return to work of the injured worker because you take the extra step to know exactly what the patient needs to do to return to work.

### Strategy 4

Putting together marketing collateral can have some nice benefits; however, any marketing materials should feature your full menu of return-to-work services, as well as your on-site-based services. Also, make sure that your marketing collateral focuses on your specialty in treating the injured worker and returning them to work as soon as functionally possible.

### Strategy 5

When done correctly, work conditioning, work hardening, or advanced work rehabilitation continues to be one of the best-paid services in 80% of the United States. Case managers consistently direct care to these programs. However, they direct care to programs that successfully return the injured worker back to full-duty work. Few stand-alone work conditioning/hardening programs exist anymore. The majority of them are directly attached to an outpatient orthopedic rehabilitation clinic. Clinicians are also asked not only to treat the outpatient workers' compensation patient, but also to treat the patient through the episode of work conditioning.

To increase referrals into your work conditioning program and to decrease denials from the insurance company, you need to communicate proactively to the case manager during outpatient rehabilitation. This includes proactively letting the case manager know that you recommend the patient participate in work conditioning. Make sure your communication outlines the exact return-to-work functions that the client can and cannot perform related to the physical demands of their job.

### Strategy 6

We will call this a strategy, but it is the strategy that has the least effect on your workers' compensation referrals. This strategy is marketing directly to the physicians. Whether it is marketing collateral or visiting the physician on a marketing call, let them know you are there and get to know them; however, it is rare that these marketing efforts will increase referrals in the long term.

There is no other professional who spends as much time with a workers' compensation patient as a therapist does. A physician sees the patient for 5 minutes and needs to make a return-to-work decision. You see them for 60 minutes, 3 times a week, and have the skills and equipment to make return-to-work recommendations. You do not need a 4-hour functional capacity evaluation to make return-to-work decisions. An outpatient therapist can complete a 30-minute functional progress note or functional discharge summary and provide the physician with objective return-to-work information every 6 to 10 visits, billing code 97750 for the time. This information will greatly assist the physician with objective return-to-work information.

Improving workers' compensation services, offering a full menu of return-to-work services, functional testing of workers' compensation patients during outpatient therapy, and proactively communicating with all parties involved with the workers' compensation patient are key strategies to increase referrals and revenue in ever-more challenging times for private practices. ■

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