

GUIDE FOR CHIROPRACTIC TREATMENT

This document sets out different avenues for the case management of chiropractic services rendered to claimants of Manitoba Public Insurance.

There will be three categories in which a claimant (patient) seeking chiropractic services with a bodily injury may be managed. A claimant (patient) with an approved claim will be assumed eligible for services payable within Category 1 limit.

Categories are both treatment categories and management categories and are not necessarily sequential. All claimants (patients) will start as Category 1 and then based on need and at the request of the treating chiropractor may be moved to Category 2 or 3 as approved by Manitoba Public Insurance.

You can submit a request for Category 2 or Category 3 at any time prior to exhausting the Category 1 limit.

Once the claimant (patient) is qualified for a treatment Category, you will have access to funding up to the limit of that Category provided the care is medically required. It is anticipated for Category 2 and 3 that you will be submitting treatment plans on a form report that identifies the MVA related injury or injuries, utilizing appropriate subjective and objective outcome measures, and selective functional measures in the reporting. You shall make recommendations regarding frequency and duration of in-clinic treatment, home programs, and return to work recommendations, and any other recommendations or referrals. Treatment plans will require approval from Manitoba Public Insurance.

Category 1 limit: As outlined in the Chiropractic Service Rates document

Category 2 limit: Up to an additional amount as outlined in the Chiropractic Service Rates document (Category 1 + Category 2). The maximum fee limit per Category 2 patient must be approved by Manitoba Public Insurance.

Category 3 limit: The maximum fee limit must be approved by Manitoba Public Insurance.

Category Guidelines:

Category 1

Category 1 will consist of up to a specified amount as outlined in the Chiropractic Service Rates document of in office visit and treatment care. Category 1 includes all common musculoskeletal disorders not otherwise specified in this schedule, where the claimant (patient) is expected to recover uneventfully. This includes:

- Grade 1 and 2 non spinal sprains and strains
- Spinal disorders including WAD I and WAD II with a visual analog scale of less than 5.5 at initial assessment

- Minors 14 years of age and younger
- Minimal comorbidities that would not materially impact recovery from the accident related injuries

A report is not required within Category 1, unless:

A report is requested by Manitoba Public Insurance (example: personal care only claims and caregiver weekly indemnity claims);

The claimant (patient) will be off work greater than 7 days; and

A chiropractor request for Category 2 or 3 is being made.

Category 2

Category 2 will consist of up to an additional specified amount as outlined in the Chiropractic Service Rates document (Category 1 + Category 2) of in office visit and treatment care. A Category 2 request form report can be made at any time prior to the Category 1 limit being exhausted.

A claimant (patient) in Category 2 will have more significant injuries or other factors that might impact recovery as compared to a claimant (patient) whose care is completed within Category 1. In the Category 2 request form report you will identify the specific condition(s) that may be delaying or complicating patient recovery, detailing the specifics of the injury, and treatment plan / expectations.

A claimant (patient) may qualify for Category 2 if a combination of the following apply:

- WAD II spinal disorders with a visual analog scale greater than 5.5
- Existence of comorbidities
- Other factors that may negatively impact recovery are:
 - A claimant (patient) with a previous Manitoba Public Insurance claim, or WCB elected motor vehicle injury, in an anatomically related area in the past 5 years;
 - Multiples areas of injury, the combination of which, could reasonably be expected to influence recovery;
 - History of prior injury / condition in area of complaint within the past 2 years;
 - Return to a workplace where the patient's occupation has demonstrably adversely affected the recovery of the condition; or
 - Age greater than 55 years old
- WAD III spinal disorders

It is your responsibility to clearly identify those factors that you feel are impacting recovery that may qualify the claimant for Category 2.

Category 3

Category 3 requests can be submitted any time during the claim and do not have to be withheld until Category 2 limits are exhausted. Category 3 will be information and outcome driven both in terms of entry approval and in terms of management.

It is anticipated that the reporting will include objective measurements such as Numeric Pain Scale, relevant status inventories, and physical and neurologic findings. You will be asked to provide treatment plans including frequency and duration estimates along with near / mid / long term goals and expectations. Treatment plans will require approval from Manitoba Public Insurance.

Category 3 is intended for exceptional cases.

A claimant (patient) may qualify for Category 3 if:

- Co-morbid conditions that are both persistent and intrusive such that they would likely significantly prolong recovery. Examples might include but are not limited to:
 - Psychiatric/psychological conditions that are both intrusive and are under active treatment;
 - Significant active arthritide that impairs function, mobility, results in significant discomfort or requires advanced treatment such as biologic or immunotherapy;
 - Active or recent treatment for cancer or other significant illness; or
 - Significant injury that affects recovery. An example includes a tibial plateau fracture.
- Supportive care
- Post Category 2 where the claimant is in an active return to work plan and requires support to prevent regression and promote an active return to work.

You and Manitoba Public Insurance agree and acknowledge that it is impossible for all possible injuries and scenarios to be included within this document, therefore, this document is intended to be used as a guideline.

CONCOMITANT CARE

You and Manitoba Public Insurance recognize that there are occasions when it is in the best interest of the claimant to receive chiropractic, medical, athletic therapy and physiotherapy care concomitantly. Where Manitoba Public Insurance is providing concomitant care to a claimant, you will use your best efforts to communicate with the physiotherapist, and/or athletic therapist, and/or medical doctor who are concurrently giving treatment to the claimant. Manitoba Public Insurance shall provide you reasonable assistance in situations where a physiotherapist, athletic therapist, or medical doctor is not providing you sufficient communication.