



YUKON WORKERS'
COMPENSATION
HEALTH AND
SAFETY BOARD

SUBJECT: CLAIMS AND BENEFITS

POLICY NO.: CL-55

BOARD APPROVAL: 

APPROVAL DATE: July 12, 2005

BOARD ORDER NO.:

EFFECTIVE DATE: July 12, 2005

REVOKED

JUL 01 2008
replaced by HC-01
Complimentary Treatments
effective July 1, 2008

POLICY STATEMENT

POLICY: COMPLEMENTARY TREATMENTS

Application

This policy applies to the board of Directors, president and staff of the Workers' Compensation Health and Safety Board, and to employers and workers covered by the *Workers' Compensation Act R.S.Y. 2002* ('the 2002 Act').

Section Reference

The Preamble of the 2002 Act states that the workers' compensation system should be designed to meet the changing needs of workers, enabling a holistic approach to the rehabilitation of disabled workers.

Section 43(1) of the 2002 Act provides that the board shall, in the treatment of work-related disabilities, when appropriate, promote mutual understanding, knowledge and respect between the providers of health services and the providers of traditional aboriginal nutrition and healing.

Section 43(2) of the 2002 Act provides that the board may permit alternative treatment options for the treatment of work-related disabilities.

Purpose

The purpose of this policy is to provide principles and guidelines to decision makers, injured workers, employers and medical service providers on the use of complementary treatments. This policy is to be used in conjunction with Policy CS – 11 Rehabilitation Policy.

The board recognizes that the basic goal of care is to restore the disabled worker to all possible functional activities, for the purpose of returning to work as soon as possible. The board may provide access to such treatment as is necessary to overcome the effects of work-related disabilities as much as possible.

Principles

The board encourages a proactive client-centred process, with choices to allow workers the right to treatment combined with an obligation on workers to participate actively in their recovery, rehabilitation and return to work. Differences in cultural belief practices will be respected.

The board will ensure that the worker's choice of treatment options continues to meet the changing needs of workers, enabling a holistic approach to the rehabilitation of disabled workers.

A. Definitions

(a) Acupuncture

Technique for treating certain painful conditions and for producing regional anaesthesia by passing long thin needles through the skin to specific points.

(b) Complementary Treatment

Treatment that is used together with conventional health care.

(c) Case Management Team

The case management team shall include the following: the injured worker, the employer (who shall be encouraged to participate), a representative of the injured worker (as desired by the injured worker), the board and the medical community. This may include the attending physician. Other members may be added.

(d) Chiropractic

A system of health care based on the premise that the relationship between structure and function in the human body is a significant health factor, and that such relationships between the spinal column and the nervous system are important because the normal transmission and expression of nerve energy are essential to the restoration and maintenance of health.

(e) Functional Restoration

The process of restoring activities of daily living, work-related activities, and family and social functions to the pre-accident state or maximum rehabilitation potential.

(f) Massage Therapy

The manipulation of muscle and connective tissue by hand to enhance function of those tissues to relieve pain and promote relaxation and well-being.



(g) Medical Practitioner

A medical practitioner who engages in the practice of medicine and is recognized under the *Medical Profession Act* or a member of an allied health profession recognized by the board.

(h) Non-standard Treatments and Traditional Healing

Approaches to medical diagnosis and therapy that have not been developed by use of generally accepted scientific methods.

(i) Physiotherapy

Rehabilitation concerned with the restoration of function and the prevention of disability following disease, injury or loss of body part. The therapeutic properties of exercise, heat, cold, electricity, ultraviolet radiation and massage are used to improve circulation, strengthen muscles, encourage return of motion, and train or retrain an individual to perform the activities of daily living.

B. Qualifications

The board has a duty to the worker with a disability to ensure that the medical practitioners meet minimum standards of care. Accordingly, the board authorizes payments to only certified medical practitioners.

Each medical practitioner must provide the board with proof of licensing and registration annually. The medical practitioner must notify the board of any changes in licensing and registration status.

C. Treatments

Acupuncture

Treatment must be part of an approved overall comprehensive rehabilitation plan.

The board will accept up to 10 acupuncture treatments. If, after 10 treatments, the case manager, in consultation with the worker and the treating practitioner, feels the treatment is beneficial, the case manager may approve an extension of treatments.

Chiropractic Treatment

Treatment in excess of 12 treatments must be referred to the case manager. If, after 12 treatments, the case manager, in consultation with the worker and the treating practitioner, feels the treatment is beneficial, the case manager may approve further treatments. Requests for daily treatment or house visits require prior approval.

An injured worker may contact a chiropractor directly for diagnosis and treatment or may be referred by a physician. If the injured worker chooses a chiropractor as the primary care giver, and there is little or no improvement in the worker's condition after 21 days, the injured



worker must have a medical evaluation and diagnosis, as determined by the case manager.

Massage Therapy

Massage therapy must be prescribed by the treating physician and approved by the case manager. Treatment must be part of an approved overall comprehensive rehabilitation plan. Massage therapy is intended to be an adjunct to treatment in an acute stage, and may last up to six weeks. Requests for extension of treatment must be reviewed by the case manager. The case manager, in consultation with the worker and the treating practitioner, may approve further treatments.

Physiotherapy Treatment

Treatment longer than eight weeks must be referred to the case manager. If, after eight weeks of treatment, the case manager, in consultation with the worker and the treating practitioner, feels the treatment is beneficial, the case manager may approve further treatments. Requests for daily treatment or house visits require prior approval.

An injured worker may contact a physiotherapist directly for diagnosis and treatment or may be referred by a physician. If the injured worker chooses a physiotherapist as the primary care giver, and there is little or no improvement in the worker's condition after 21 days, the injured worker must have a medical evaluation and diagnosis, as determined by the case manager.

Non-standard Treatments and Traditional Healing

The board recognizes the increasing demand for non-standard treatments.

Non-standard forms of treatment may be considered in certain circumstances. On a case-by-case basis, the board will determine the necessity, character, sufficiency and cost-benefit of any non-standard treatments upon written submission from a medical practitioner that presents the case for the proposed treatment.

The case for the proposed non-standard treatment must meet the following criteria:

- The case manager, in consultation with board medical staff when necessary, determines that there is sufficient literature evidence to indicate the treatment's expected beneficial effects on human health outweigh any possible harmful effects.
- There is sufficient literature evidence to indicate the treatment can be considered as part of a comprehensive return to work or rehabilitation program.



- The treatment in question can be provided legally in Canada and that the practitioners are registered and licensed to practice in a Canadian jurisdiction or have prior approval from the board.

Many treatments lack research literature to establish effectiveness and to determine the risk of causing harm. In such cases, the case manager can use an individual, evidence-based (functional restoration) approach to determine effectiveness.

When establishing functional restoration plans, the medical practitioner must clearly state the goal and expectations for functional restoration. These plans will be reviewed by the case manager who, in consultation with board medical staff when necessary, will make a decision regarding treatment.

The first set of non-standard treatments is limited to three weeks or six treatments. At the end of the first set of treatments, the level of functional restoration will be determined by an independent evaluation process approved by the board. Requests for further non-standard treatments will be reviewed by the case management team, taking into account the improved level of functional restoration.

HISTORY

Policy CL – 11 Chiropractic Treatments, effective January 1, 1993, revoked July 12, 2005.

Policy CL – 17 Physiotherapy Treatment, effective January 1, 1993, revoked July 12, 2005.

Policy CL – 49 Acupuncture, effective May 1, 1995, revoked July 12, 2005.

