Provincial Rollout

(a) Regions

All regions will be involved.

A network of shoulder orthopaedic surgeons is being established in each region:

- NW: Dr. Anani Éfoé
- NE: Dr. Rémi Frenette
- SE: Dr. Michael Forsythe Jr., Dr. Sean Comstock, Dr. Steven Massoeurs, Dr. William Allanach, Dr. Jean-Pierre Daigle, Dr. Andrew Clark & Dr. German Blando
- SW: Dr. Jennifer Fletcher, Dr. Andrew Trenholm, Dr. Philip Burton, Dr. Thomas Barnhill

An expert network of shoulder physiotherapists has been established in each region through a formal selection process that started with physiotherapists applying to an RFP. Therapists were selected based on quality of care measures for shoulder injuries.

(b) Entry points

The rollout will have three main entry points:

1. Referral by family physician (FP) to orthopaedic surgeon and/or for an MRI prior to week 4 post-accident or post-recurrence for a non-red flag condition;
2. No-lost-time claimants with stalled accommodation/return to full duties; or request for more than 2 sets of physiotherapy, or more than 1 set of chiropractic care; or
3. Off work for 3 to 4 weeks.

In the first path, the orthopaedic surgeon or WorkSafeNB may refer the claimant to a physiotherapist (PT) in the expert shoulder network for a comprehensive MSK assessment and triage into one of the three caremaps. Orthopaedic surgeons will make the referral to a PT through WorkSafeNB's PT Consultant. If the FP has ordered an elective MRI, WorkSafeNB may refuse payment of the MRI and refer the claimant to a PT in the expert shoulder network. The claimant is transferred to case management, and referred by WorkSafeNB to a physiotherapist in the expert shoulder PT network. The FP is sent a letter informing him/her of the referral. The orthopaedic surgeon is notified of the referral. Upon completion of the assessment and triage, the PT will provide the orthopaedic surgeon with a copy of the assessment and triage. The orthopaedic surgeon will get back to the FP on whether the surgeon needs to see the claimant.

No-lost-time claimants will be referred to WorkSafeNB's PT Consultant to evaluate whether the claimant should be referred to the Shoulder Injury Program.

"Off work for 3 to 4 weeks" scenario is the same as for the pilot. The claimant is transferred to case management, and referred by WorkSafeNB to a physiotherapist in the expert shoulder PT network. The FP is sent a letter informing him/her of the referral.

The physiotherapist performs a comprehensive MSK assessment including muscle imbalance, a mini-functional capacity assessment, and P&A screening. The PT completes a comprehensive MSK assessment form and triages the claimant into 1 of the 3 caremaps based on criteria established in the pilot.

(c) Caremaps

Caremaps and triage criteria remain the same as for the pilot. The 3 caremaps are:

- Medical-Surgical: claimants in this caremap are referred immediately to the orthopaedic surgeon without initiating physiotherapy treatment. The physiotherapist makes the referral directly to the orthopaedic surgeon by phone, followed up by faxing the assessment and referral forms.
- Concurrent Rehab-Referral: claimants in this caremap are referred ASAP to the orthopaedic surgeon, while providing appropriate rehab. The physiotherapist makes the referral directly to the orthopaedic surgeon by phone, followed up by faxing the assessment and referral forms.
- Rehab-Only: claimants in this caremap are not referred to the orthopaedic surgeon unless something changed to put them into one of the other caremaps.
    - Claimants with a P&A score over 139 are put through the High Risk case management protocol – face-to-face meeting with the case manager, motivational interview, validate high risk for prolonged disability, risk management intervention(s) as indicated.
    - Claimants with a P&A score over 147 are considered by the case management team for referral to multidisciplinary active functional rehab with cognitive-behavioural therapy and work simulation.
    - Claimants with a P&A score under 148 remain with the physiotherapist for a course of active functional rehab, unless there were other yellow flags that would warrant referral for the multidisciplinary program.

(d) Imaging

The pilot orthopaedic surgeons indicated that an MRI-arthrogram should be the gold standard for shoulder imaging for workers' compensation cases. The arthrogram helps to distinguish partial RCTs from full. The orthopaedic surgeons have indicated that in definite cases of full RCTs, a plain MRI or Ultrasound may suffice.

Diagnostic imaging departments in NB are being reminded that elective imaging studies require prior authorization or WorkSafeNB may not pay for the study. When elective imaging is authorized, WorkSafeNB will issue an authorization number for each area being imaged. The authorization number needs to be quoted in the invoice to WorkSafeNB.

(e) Expedited Services

WorkSafeNB pays the expedited consultation fee for referrals by the physiotherapist or WorkSafeNB. WorkSafeNB does not pay the expedited consultation fee for referrals by the FP. Elective surgery requires prior authorization and a decision by the case management team as to whether it would be paid at the expedited rate.

(f) Surgery

Based on the pilot project and ACOEM guidelines, WorkSafeNB generally approves payment for surgery when there are firm indications. WorkSafeNB generally does not approve payment when the indications for surgery are soft. The soft indications group has a higher risk of minor to normal findings at operation, and higher risk of failed shoulder surgery.

(g) Issues

Orthopaedic surgeons in the shoulder network are provided contact numbers to call the regional medical advisor to discuss claimant issues; a WorkSafeNB physiotherapist to redirect referrals for triaging by the expert shoulder PT network; and Ms. Wasson to discuss issues on treatment by PTs.

If an orthopaedic surgeon recommends treatment by a PT outside the network without discussing the case with the medical advisor and Ms. Wasson, it will be assumed that there is no objective medical evidence for the referral and that the referral is being made to comply with a demand by the claimant.

If an orthopaedic surgeon recommends surgery for soft indications without discussing the case with the medical advisor, it will be assumed that there is no objective medical reason for doing the surgery.