



Workers'
Compensation
Board

MEDICAL TREATMENT GUIDELINES

FOR PROVIDERS SEEKING BOARD AUTHORIZATION

JUNE 4, 2025

AGENDA

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MANDATORY STANDARD OF CARE

- The Workers' Compensation Board's *New York Medical Treatment Guidelines (MTGs)* are the mandatory standard of care for injured workers in New York State.
- The *MTGs* are incorporated into workers' compensation regulations (*12 NYCRR, Part 324*).
- Medical providers are required to treat all workers with existing or new workers' compensation injuries consistent with the recommendations in the *MTGs*.



MANDATORY STANDARD OF CARE (cont'd)

There are currently 16 *MTGs* that apply to the most frequent work-related injuries or conditions:

Ankle and Foot Disorders	Neck Injury
Complex Regional Pain Syndrome	Non-Acute Pain
Elbow Injuries	Occupational Interstitial Lung Disease
Eye Disorders	Occupational Work-Related Asthma
Hand, Wrist and Forearm Injuries	Post-Traumatic Stress Disorder & Acute Stress Disorder
Hip and Groin Disorders	Shoulder Injury
Knee Injury	Traumatic Brain Injury
Mid and Low Back Injury	Work-Related Depression and Depressive Disorders

MANDATORY STANDARD OF CARE (cont'd)

- *MTGs* recommendations are based on the best available medical evidence.
- Copies of each of the *MTGs* can be found on the Board's website, wcb.ny.gov.



A photograph of a healthcare professional, likely a doctor or nurse, sitting and talking to a middle-aged couple. The doctor is on the right, wearing white scrubs and a stethoscope, and is holding a clipboard. The couple is on the left, with the man smiling and the woman looking at the doctor. The background shows a clinical setting with large windows. The entire image is overlaid with a semi-transparent teal filter.

Defining the standard of care

DEFINING THE STANDARD OF CARE

Care provided must be “*consistent with the MTG,*” as defined in the regulations [Section 324.1 (b)].

This is a two-pronged test:

- 1 Care must be provided within the criteria or in accordance with the recommendations of the *MTGs*.
- 2 Care must be based upon a correct application of the *guidelines*, which require the integration of the General Guideline Principles with the specific *MTGs* recommendations.



DEFINING THE STANDARD OF CARE (cont'd)

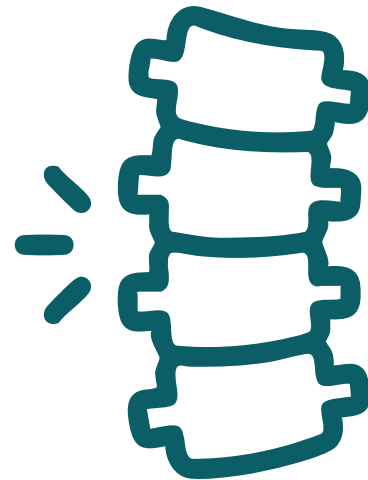
- All medical care consistent with the *MTGs* is **pre-authorized**, meaning that it is on the list of pre-authorized procedures.
- In these cases, the health care provider is **not** required to obtain prior authorization, except for some limited exceptions, which are clearly defined in the *MTGs*.



REQUIRED PRIOR AUTHORIZATIONS

The following procedures require prior authorization, even when consistent with the *MTGs*:

- Lumbar Fusion
- Artificial Disc Replacements
- Vertebroplasty
- Kyphoplasty
- Electrical Bone Growth Stimulators
- Spinal Cord Stimulators



REQUIRED PRIOR AUTHORIZATIONS (cont'd)

The following procedures require prior authorization, even when consistent with the *MTGs*:

- Intrathecal Drug Delivery (Pain Pumps)
- Osteochondral Autograph
- Autologous Chondrocyte Implantation
- Meniscal Allograft Transplantation
- Knee Arthroplasty (Total or Partial Knee Joint Replacement)

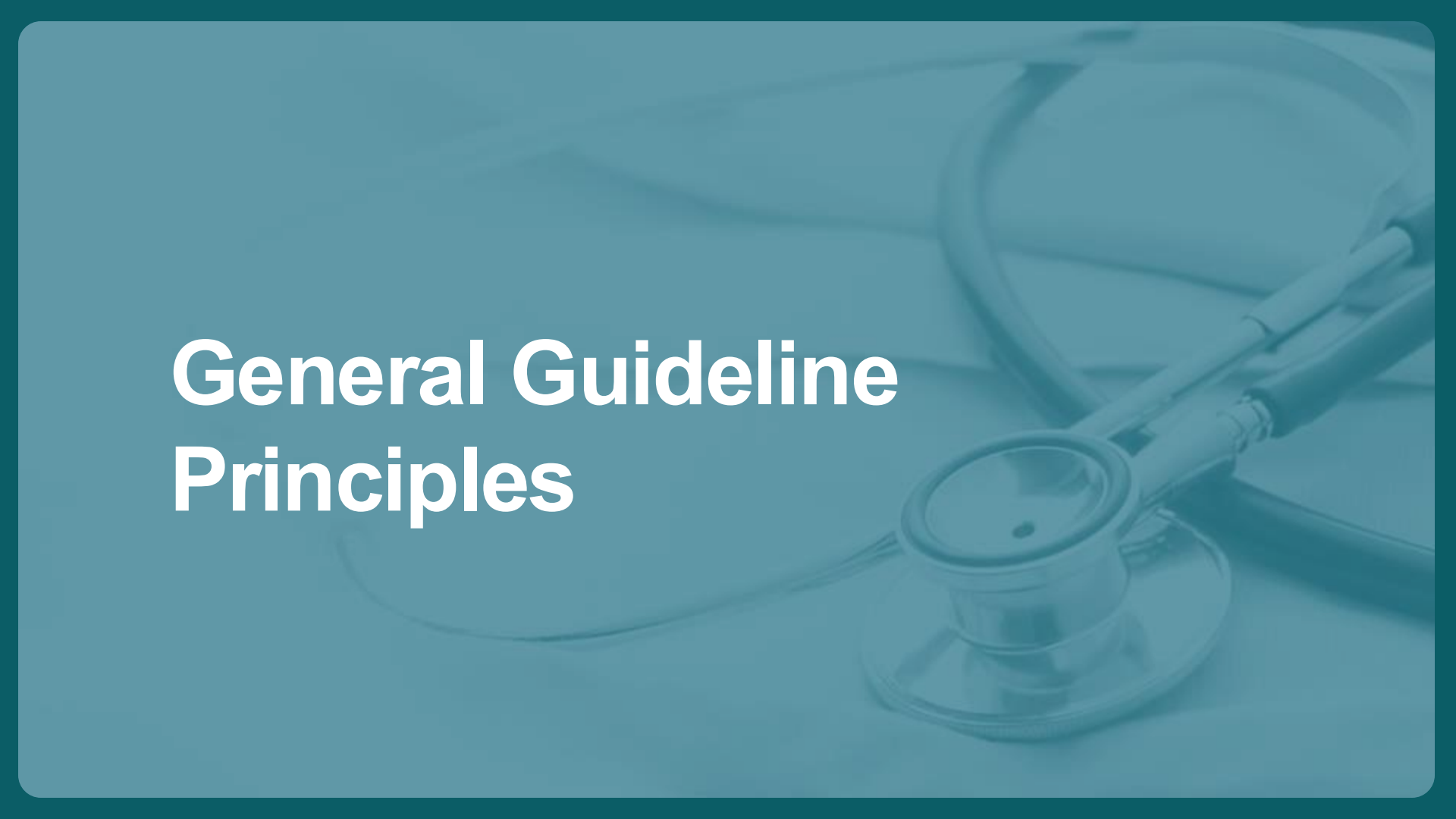


REQUIRED PRIOR AUTHORIZATIONS (cont'd)

- Prior authorization is also required for any second or subsequent performance of a procedure because of the failure or incomplete success of the same procedure.
- Prior authorization for these exceptions is requested using OnBoard.

The screenshot displays the 'PAR QUESTIONNAIRE' interface. On the left, a sidebar contains three menu items: 'Requester Information', 'Claim Search', and 'Request Items', with 'Request Items' currently selected. Below the sidebar, the text 'COMPLETE REQUEST(S)' is visible. The main content area is titled 'Request Items' and includes the instruction: 'Provide the information below to add one or more items that you will be requesting prior authorization for on this claim.' Under the heading 'Request #1', there is a prompt 'Select category of PAR for this item*' followed by three radio button options: 'Treatment/Testing' (which is selected), 'Medication', and 'Durable Medical Equipment'. Below these is an option for 'Non-Medical'. A text input field is provided for 'Enter the CDT/CPT Code & Description.*' with a placeholder 'Enter CDT or CPT code'. Another dropdown menu is labeled 'Select MTG Site associated with this PAR.*' with the placeholder 'Select MTG Site'. Below this, there are two more input fields: 'Enter body part associated with this PAR.' with a placeholder 'Enter Body Part', and 'Side of Body' with a dropdown menu showing 'Select Side of Body'. A 'Save' button is located at the bottom of the form area. At the very bottom of the interface, there are three buttons: '← Claim Search', 'Complete Request(s) →', and 'Exit'.

General Guideline Principles

A stethoscope is visible in the background, resting on a white surface. The entire image is covered with a semi-transparent blue overlay, which serves as a background for the white text.

WHAT ARE THE GENERAL GUIDELINE PRINCIPLES?

- The *General Guideline Principles* are key principles necessary to appropriately apply and interpret the recommendations in the *MTGs*.
- The principles provide:
 - A framework for documenting medical necessity.
 - Guidance in identifying appropriate goals and outcomes for treatment.



CATEGORIES OF GENERAL GUIDELINE PRINCIPLES

There are **22 General Guideline Principles**, divided into six basic categories, which are located in Section A of each guideline.



Medical Care



Treatment Approaches



Education



Return to Work



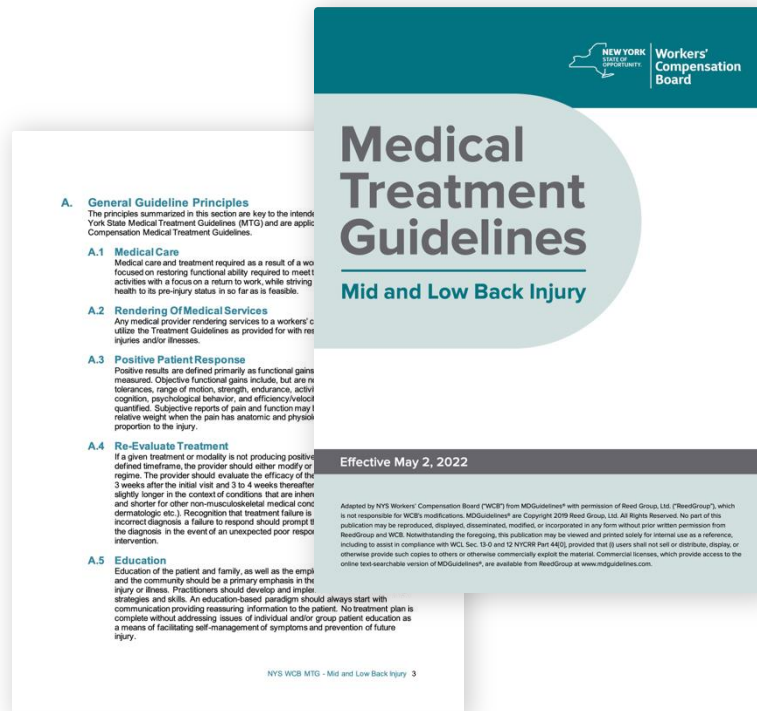
Time Frames



Other

REVIEW GENERAL GUIDELINE PRINCIPLES

- Treating providers should take the time to read the *General Guideline Principles* section of the *MTGs* to ensure that patients receive appropriate and timely care.





Approach to providing care consistent with the MTGs

APPROACH FOR PROVIDING CARE CONSISTENT WITH THE MTGS

The Medical Care section is made up of four general principles:

- A.1** Medical Care (focus on functional ability)
- A.2** Rendering of Medical Services (standard of care)
- A.3** Positive Patient Response (criteria to evaluate efficacy of treatment)
- A.4** Re-evaluate Treatment (criteria to evaluate efficacy of treatment)

A.1: MEDICAL CARE (FOCUS ON FUNCTIONAL ABILITY)

- Medical care and treatment required as a result of a work-related injury should focus on **restoring functional ability** required for the patient's:
 - Daily activities
 - Work activities
 - Return to work
- Care should also strive to restore the patient's health to its pre-injury status, as is feasible.



A.2: RENDERING OF MEDICAL SERVICES (STANDARD OF CARE)

- Rendering of medical services is a restatement of the fact that the *MTGs* are the standard of care for injured workers.



A.3: POSITIVE PATIENT RESPONSE (CRITERIA TO EVALUATE EFFICACY OF TREATMENT)

- Positive patient response or positive results are defined primarily as functional gains that can be objectively measured.
 - It does not measure a patient's subjective response to pain.
- Objective functional gains include, but are not limited to:
 - Positional tolerances
 - Range of motion
 - Strength
 - Endurance
 - Activities of daily living (ADL)



A.4: RE-EVALUATE TREATMENT (CRITERIA TO EVALUATE EFFICACY OF TREATMENT)

- Efficacy of treatment or modality should be evaluated and documented by the provider at the following intervals:
 - 2-3 weeks after the initial visit.
 - 3-4 weeks thereafter.
- If treatment is not producing positive results, the provider should either:
 - Modify or discontinue the treatment regime.
 - Reconsider the diagnosis in the event of an unexpected poor response to an otherwise rational intervention.



A photograph of four medical professionals in white lab coats working in a control room. They are gathered around a large wall-mounted monitor displaying a complex anatomical diagram of a human torso with various internal organs and systems labeled. The room is dimly lit, with the primary light source being the screens. The text 'Defining functional gains that can be objectively measured' is overlaid in white on the left side of the image.

**Defining functional
gains that can be
objectively measured**

DEFINING FUNCTIONAL GAINS THAT CAN BE OBJECTIVELY MEASURED

Objective functional improvement is a fundamental concept addressed in the:

- *General Guideline Principles (A.1, A.2, and A.3)*
- *MTGs recommendations*



THERE ARE THREE BASIC COMPONENTS TO THE ANALYSIS

1 Initial evaluation

- What were the patient's functional abilities at the time of the initial or previous assessment (post-injury)?

2 Re-evaluation:

- What is the patient's function at the time of the re-evaluation?



THERE ARE THREE BASIC COMPONENTS TO THE ANALYSIS (cont'd)

3 Goals:

- Based on the treating provider's assessment of the patient's condition, where does the provider expect the patient to be at the next evaluation?
 - What **type of treatment** is planned to reach these goals?
- Ultimate goals and progress toward those goals (based on work activities and identified limitations):
 - What are the work activities that the patient was able to perform prior to the injury and must be able to perform in order to return to work?



**Conditions,
treatments, or
diagnostic tests not
addressed in the
MTGs**

CONDITIONS, TREATMENTS, OR DIAGNOSTIC TESTS NOT ADDRESSED IN THE MTG

- If the *MTGs* do not address a condition, treatment, or diagnostic test for one of the covered body parts, then a variance shall be used to determine whether a carrier will be obligated to pay for the medical care.
- Refer to the Variances training for more information on variances.





RESOURCES

MEDICAL DIRECTOR'S OFFICE

HELPLINE: (800) 781-2362

EMAIL: MDO@wcb.ny.gov

WEBSITE: wcb.ny.gov



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