



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)

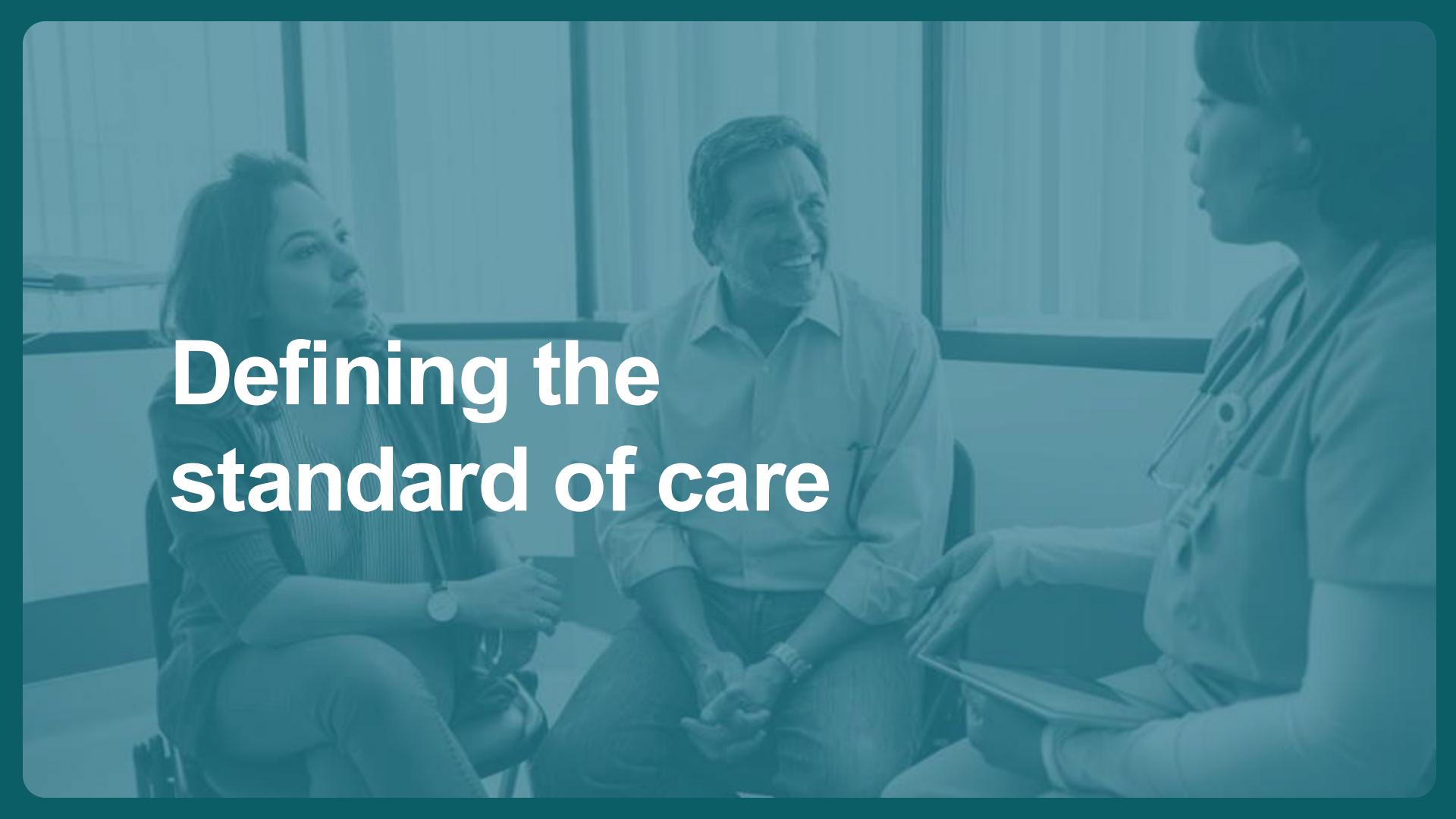
There are currently 16 *MTGs* that apply to the most frequent work-related injuries or conditions:

| | |
|----------------------------------|--|
| 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 three healthcare professionals in a hospital hallway. On the left, a woman in a light blue scrub top and dark pants is looking up and smiling. In the center, a man in a light blue button-down shirt and dark pants is laughing heartily. On the right, a woman in a white scrub top and light blue pants is also smiling and looking towards the man. The background shows a hospital corridor with white walls and a window. The overall atmosphere is positive and professional.

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)

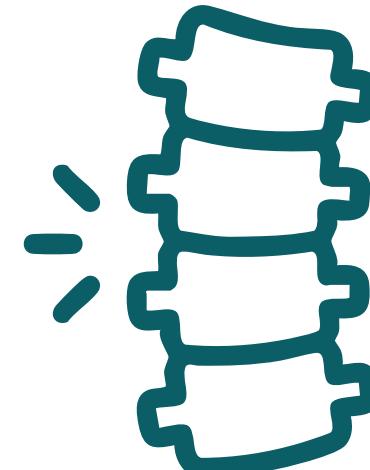
- All medical care consistent with the *MTGs* is **pre-authorized**, meaning that it is on the list of pre-authorized procedures.
- In these cases, the health care provider is **not** required to obtain prior authorization, except for some limited exceptions, which are clearly defined in the *MTGs*.



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)

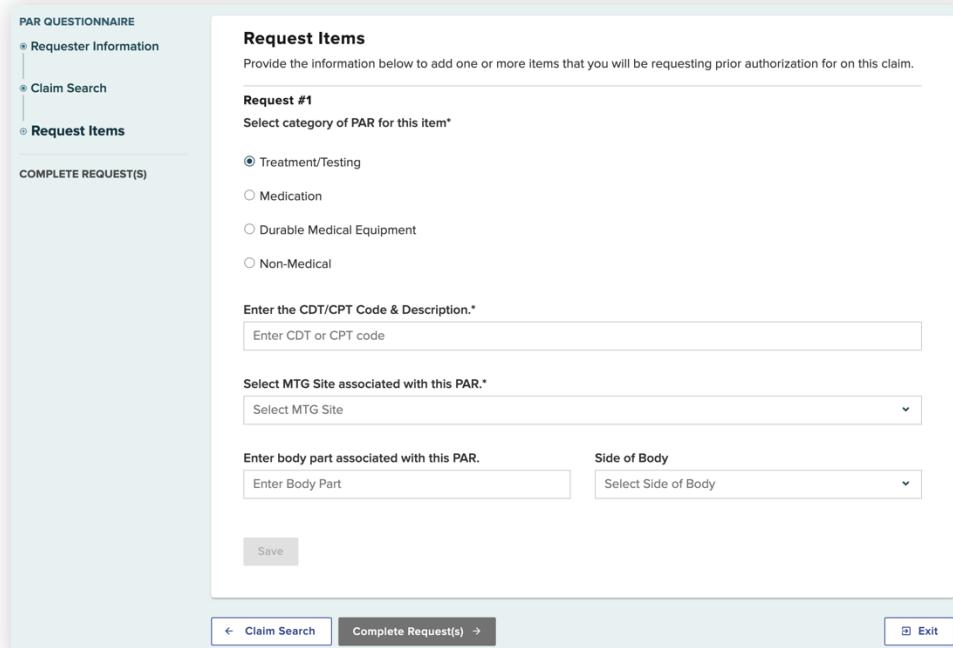
The following procedures require prior authorization, even when consistent with the *MTGs*:

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



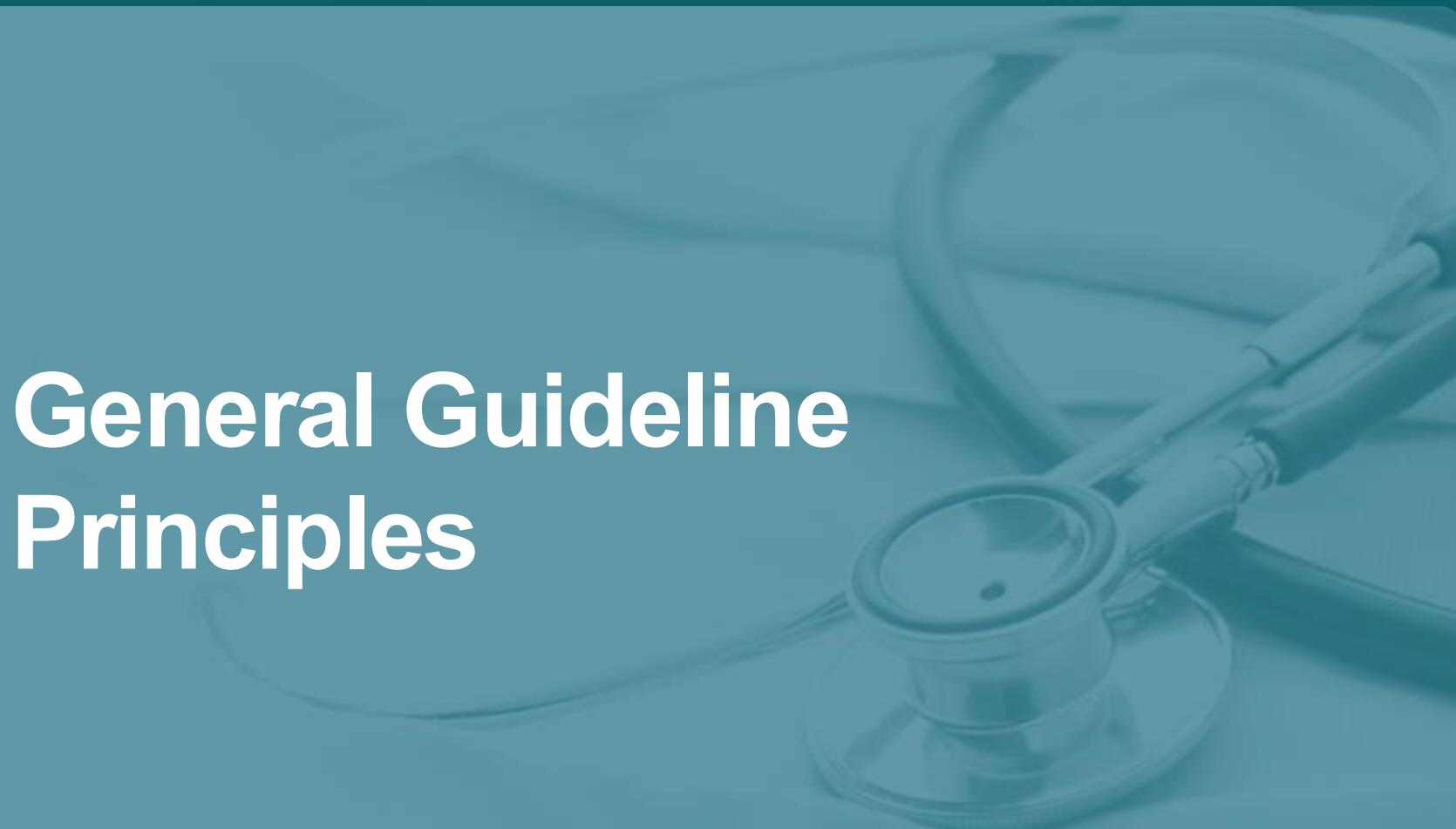
REQUIRED PRIOR AUTHORIZATIONS (cont'd)

- 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 shows the OnBoard PAR Questionnaire interface. On the left, a sidebar menu lists 'PAR QUESTIONNAIRE', 'Requester Information', 'Claim Search', and 'Request Items'. Below this is a 'COMPLETE REQUEST(S)' button. The main content area is titled 'Request Items' with the sub-instruction 'Provide the information below to add one or more items that you will be requesting prior authorization for on this claim.' A 'Request #1' section asks 'Select category of PAR for this item*' with radio buttons for 'Treatment/Testing' (selected), 'Medication', 'Durable Medical Equipment', and 'Non-Medical'. Below this is a 'Enter the CDT/CPT Code & Description.*' field with a placeholder 'Enter CDT or CPT code'. A 'Select MTG Site associated with this PAR.*' dropdown is labeled 'Select MTG Site'. A 'Enter body part associated with this PAR.' field with a placeholder 'Enter Body Part' is next to a 'Side of Body' dropdown labeled 'Select Side of Body'. A 'Save' button is at the bottom left, and a navigation bar at the bottom includes 'Claim Search' (disabled), 'Complete Request(s) →', and 'Exit'.

General Guideline Principles



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.

A. General Guideline Principles
The principles summarized in this section are key to the intended New York State Medical Treatment Guidelines (MTG) and are applicable Compensation Medical Treatment Guidelines.

A.1 Medical Care
Medical care and treatment required as a result of a work focused on restoring functional ability required to meet job activities, to a functional level related to work, while striving health to its primary status in as far as is feasible.

A.2 Renderings of Medical Services
Any medical provider rendering services to a workers' compensation patient shall utilize the Treatment Guidelines as provided for with respect to injuries and/or illnesses.

A.3 Positive Patient Response
Positive results are defined primarily as functional gains measured. Objective functional gains include, but are not limited to, strength, endurance, aerobic capacity, cognition, psychological behavior, and efficiency/velocity quantified. Subjective reports of pain and function may also relate to the patient's pain has anatomic and physical proportion to the injury.

A.4 Re-Evaluate Treatment
If a given treatment or modality is not producing positive defined timeframes, the provider should evaluate and modify or replace the treatment. This should be evaluated off of the 3 weeks after the initial visit and 3 to 4 weeks thereafter slightly longer in the context of conditions that are inherent and short or other non-musculoskeletal medical conditions. Re-evaluation is required if the provider feels that an incorrect diagnosis or failure to respond should prompt the diagnosis in the event of an unexpected poor response intervention.

A.5 Education
Education of the patient and family, as well as the employer and the community should be a primary emphasis in the injury or illness. Practitioners should develop and implement shared decision making. The provider and patient should always start with communication providing reassuring information to the patient. No treatment plan is complete without addressing issues of individual and/or group patient education as a means of facilitating self-management of symptoms and prevention of future injury.

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A photograph of a medical setting. In the foreground, a patient is lying in a hospital bed, viewed from the side. In the background, a doctor in a white coat and stethoscope is standing and looking down at the patient. Medical equipment and monitors are visible in the background.

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 FUNCTIONALABILITY)

- 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.





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

FOLLOW THE BOARD

X @NYSWorkersComp

f @NYSWCB

o @NYSWorkersCompBoard

▶ youtube.com/@nswcb

in linkedin.com/company/nswcb

✉ wcb.ny.gov (“Get WCB Notifications”)