

# Administrative Practice Document

## Maintenance Treatment

**Note:** This is not a policy; it is a supplementary document to illustrate how the WSIB will administer the *Workplace Safety and Insurance Act, 1997, (WSIA)* and Policies [17-01-02, Entitlement to Health Care](#) and [17-01-03, Choice and Change of Health Professional](#) in practice. If there is a conflict between this Administrative Practice Document and the WSIA and/or WSIB policy, the decision maker will rely on the WSIA and/or WSIB policy, as the case may be.

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## INTRODUCTION

Section 33 (1) and (2) of the *Workplace Safety and Insurance Act* (WSIA) state,

A worker who sustains an injury is entitled to such health care as may be necessary, appropriate and sufficient as a result of the injury and is entitled to make the initial choice of health professional for the purposes of this section.

The Board may arrange for the worker's health care or may approve arrangements for his or her health care. The Board shall pay for the worker's health care.

Decision-makers at the Workplace Safety and Insurance Board (WSIB) must decide a worker's entitlement to benefits and services under the WSIA. When initial entitlement for a work-related injury is established, entitlement includes health care that is necessary and appropriate, based on the nature of the injury, to promote the worker's recovery.

Maximum medical recovery (MMR) means that a plateau in recovery has been reached and it is not likely that there will be any further significant improvement in the work-related injury/disease. When it is established that the worker has achieved MMR, it is generally considered that the worker has received sufficient health care.

Treatment requested after MMR is referred to as "maintenance treatment". The purpose of this document is to further define the term "maintenance treatment" and to outline how the WSIB determines entitlement for "maintenance treatment" in accordance with s.33 of the WSIA and the health care principles set out in Policies [17-02-01, Entitlement to Health Care](#) and [17-01-03, Choice and Change of Health Professional](#). Although the policies do not specifically address "maintenance treatment", decision-makers use the guidelines set out in the policies to determine the appropriateness of this type of treatment.

## What is Maintenance Treatment?

A worker entitled to benefits under the WSIA is entitled to such health care as may be necessary, appropriate and sufficient as a result of the injury. The WSIB approves health care interventions that constitute a medical rehabilitation program. A medical rehabilitation program is a specific program of medical treatment or care for

## KEY PRINCIPLES

- Workers are entitled to receive benefits for injuries and diseases that result from accidents that arise out of and in the course of employment.
- Work-relatedness is established when determining initial entitlement. Decision-makers continue to evaluate the work-relatedness of a worker's ongoing impairment throughout the life of a claim.
- Decision-makers will gather relevant information and weigh evidence in order to make adjudicative decisions.
- The WSIB makes its decisions based on the merits and justice of each case.
- Return to work is part of the recovery process and acting early is the key to preventing permanent impairment.
- Recovery and return to work barriers will be addressed quickly through accessible, timely and intensive services.

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the purpose of restoring function to enable the integration of return to suitable and safe work and promote optimal recovery of the work-related injury.

Treatment beyond the rehabilitative/MMR stage for workers with a work-related permanent impairment is generally referred to as “maintenance treatment”. It may be requested by the treating health care professional, when in his/her opinion it would be of benefit to the worker. The purpose of maintenance treatment is to maintain function/recovery by preventing deterioration of the work-related impairment, rather than to rehabilitate. Health care professionals may also recommend maintenance treatment to enable a reduction or avoidance of medication use.

## Monitoring Health Recovery

When a worker suffers a work-related injury, the health care professional(s) involved in the worker’s case are required to submit medical information providing the diagnosis, prognosis for recovery, and the recommended treatment.

After initial entitlement for a work-related injury is established, decision-makers continually monitor the medical information, take appropriate action to facilitate return to work (RTW) and promote full recovery, and continue to provide appropriate benefits and services. In accordance with the [“Better at Work”](#) principle, health care is integrated with return to suitable and safe work to minimize the impact of the work-related injury and promote optimal recovery.

Health care interventions such as physiotherapy or chiropractic treatment are recommended for many work-related injuries, when appropriate for the nature and degree of the injury. The WSIB has established mandatory programs of care which are evidence-based health care delivery plans that describe treatment modalities shown to be effective for specific injuries and illnesses. These programs are delivered by health care professionals within the community. The objective of these programs is to assist workers in their recovery and promote the integration of health care and RTW.

When assessing the clinical information about the worker’s ongoing work-related impairment, decision-makers also consider the appropriateness and necessity of the health care interventions being provided or recommended by the treating health care professional(s). Generally, health care interventions are considered appropriate and necessary while they continue to improve the worker’s functional abilities, and promote the integration of health care and RTW.

## Definitions

### **Maximum medical recovery (MMR)**

means that a plateau in recovery has been reached and it is not likely that there will be any further significant improvement in the work-related injury/disease.

**Significant improvement** means a marked degree of improvement in the work-related injury/disease that is demonstrated by a measurable change in clinical findings.

**Impairment** means a physical or functional abnormality or loss, including disfigurement, which results from an injury and any psychological damage arising from the abnormality or loss.

**Permanent impairment** means impairment that continues to exist after the worker reaches MMR.

**Suitable work** means post-injury work (including the worker’s pre-injury job) that is safe, productive, consistent with the worker’s functional abilities, and that, to the extent possible, restores the worker’s pre-injury earnings.

A **suitable occupation (SO)** represents a category of jobs suited to a worker’s transferable skills that are safe, productive, consistent with the worker’s functional abilities, and that, to the extent possible, restores the worker’s pre-injury earnings. The SO must be available with the injury employer or in the labour market.

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When the worker has reached MMR, decision-makers must also determine if there is clinical evidence of continuing impairment as a result of the work-related injury. If the clinical evidence indicates ongoing impairment due to the work-related injury after MMR is reached, the clinical evidence is assessed to determine whether a permanent impairment exists. Where a worker has a permanent work-related impairment, return to work services are provided to identify suitable work with the injury employer or a suitable occupation, with the injury employer or in the general labour market.

Where there is no clinical evidence of ongoing work-related impairment after MMR is reached, the worker is generally considered to have fully recovered from the work-related injury.

## Is Maintenance Treatment Appropriate?

When a health care professional requests treatment after the worker has reached MMR, or maintenance treatment, decision-makers must gather information, including clinical evidence, to evaluate whether the recommended treatment is the result of a significant deterioration of the accepted work-related injury, or a change in a pre-existing condition or other non-work-related condition.

Entitlement for maintenance treatment may be considered only for a worker who has a permanent impairment resulting from the work-related injury. A request for maintenance treatment may be approved when the decision-maker is satisfied, based on the clinical evidence, that the treatment is necessary to achieve one or more of the following objectives:

- enables the worker to continue working at suitable work
- leads to a reduction in the worker's pain and/or decreases the worker's use of medication
- maintains the worker's level of functioning
- teaches the worker independent management of his/her condition

In order for decision-makers to consider a request for maintenance treatment, the health care professional must submit the request in writing, outlining the

- proposed treatment plan (including frequency and duration),
- goal of the treatment, and
- expected outcome.

When determining entitlement for maintenance treatment, decision-makers should consider the following factors:

1. Is there current and specific medical information available to support the treatment? Is the health care professional's rationale well-described and clinically supported? Is it a form of treatment recognized by the WSIB? Is there other treatment not yet explored that might be more appropriate?
2. Will the treatment enable the worker to continue working at suitable work or in the suitable occupation?
3. Has the worker previously received a home exercise program? Has the worker engaged in home exercises to prevent and manage aggravation/exacerbation of symptoms?

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4. Have previous attempts at discontinuation of treatment resulted in the inability to maintain the worker's functional level and return to work status?
6. Is it expected that the proposed treatment will result in a decrease in the worker's pain with a corresponding reduction in the frequency or dosage of medication?
7. Is it expected that the proposed treatment will sustain the worker's level of function? For example, will it sustain the worker's ability to perform the activities of daily living, sustain ambulation distance, and maintain the ability to lift/carry?
8. Will the treatment teach/reinforce independent self-management of his/her condition? For example, does it promote new home exercises or other suggested modifications in activity?
9. Has the treatment to date prevented aggravation/exacerbation of symptoms and achieved the expected outcome? If so, is there an expectation that the proposed treatment will do so as well?

When considering requests for maintenance treatment, decision-makers may review the case with the nurse consultant or request an opinion from a medical consultant. In some cases, decision-makers may initiate additional return to work services to ensure the worker is continuing to work in suitable work or a suitable occupation.

In all cases, decision-makers will collect the relevant information and assess and weigh the evidence to make a decision on entitlement for the maintenance treatment. In cases where there is differing or conflicting information/medical opinions relating to the benefits of the requested maintenance treatment, the decision-maker must assess and weigh the information or opinions as outlined in the Administrative Practice Document on [Weighing of Medical Evidence](#).

## Communication of Decisions

All adjudicative decisions should be communicated verbally to the workplace parties, wherever possible, and then confirmed in writing. The decision letter should

- identify the issue decided,
- provide a summary of the facts of the case,
- provide the entitlement rules that apply to the issue (legislative and/or policy criteria, or standards),
- provide the rationale for the decision reached, explaining how the entitlement rules were or were not met,
- reference only evidence that is relevant to the decision, and
- include the timeframe for appealing the decision for all adverse decisions.

Every effort is made to communicate decisions in plain language to ensure the decision and reasons for the decision are fully understood by the worker and employer. The rationale should outline the evidence that was considered relevant to decision-making on the identified issue.

Decisions relating to requests for maintenance treatment should explain the evidence considered in making the decision relative to the factors and objectives noted earlier in this document. Where the decision-maker must

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weigh the significance of conflicting information or medical opinions, the decision letter should include an explanation of the decision-maker's assessment and how the relevant information/opinions were weighed in arriving at their conclusion.

Where the request for maintenance treatment is approved, the letter should also clearly state the type of treatment, the frequency and duration of treatment approved, and the expected outcome. The letter should also outline what information is required for additional requests for maintenance treatment to be considered.

## Conclusion

When a worker reaches MMR following a work-related injury, further treatment is generally not appropriate or necessary as it is unlikely to result in further recovery. Additional treatment beyond that point is considered maintenance treatment and may be considered only in cases where the worker has a permanent work-related impairment.

Maintenance treatment may be approved when there is evidence that demonstrates the requested treatment will be beneficial to the worker to maintain function/recovery by preventing deterioration of the work-related impairment. Based on the factors for consideration, the decision-maker must be satisfied that the maintenance treatment will achieve one or more of the objectives outlined earlier in this document.

Determining entitlement for maintenance treatment requires a thorough assessment of the request and the information contained in the file record. Where there is insufficient information, the decision-maker will gather additional relevant information from the worker, employer, and health care professionals, as appropriate, and evaluate each case on its own merits.

Decision-makers may request assistance from the nurse consultant or an opinion from a medical consultant with respect to the appropriateness of the requested treatment, when it is not clear that the suggested benefits will reasonably match the goal and intended outcomes of the maintenance treatment. When assessing differing medical opinions, decision-makers should refer to the Administrative Practice Document on [Weighing of Medical Evidence](#).

## Document History:

April 2015 - replaces the Best Approaches Guide on Maintenance Treatment, December 2005

**Scheduled Review:** April 2020