DEPARTMENT OF LABOR AND EMPLOYMENT

Division of Workers' Compensation
7 CCR 1101-3
WORKERS' COMPENSATION RULES OF PROCEDURE

Rule 17 MEDICAL TREATMENT GUIDELINES

17-1. STATEMENT OF PURPOSE

(A) In an effort to comply with its legislative charge to assure appropriate medical care at a reasonable cost, the director of the Division has promulgated these "Medical Treatment Guidelines." This rule provides a system of evaluation and treatment guidelines for high cost or high frequency categories of occupational injury or disease to assure appropriate medical care at a reasonable cost.

(B) Pursuant to section 8-42-101(3)(a)(I), C.R.S., prior to July 1 of each year the Division Director shall review all medical treatment guidelines. Written comments which have been submitted by the public to the director or the Division's medical director will be considered during such reviews.

17-2. USE OF THE MEDICAL TREATMENT GUIDELINES

(A) All health care providers shall use the medical treatment guidelines adopted by the Division.

(B) Payers shall routinely and regularly review claims to ensure that care is consistent with the Division's medical treatment guidelines.

17-3. STANDARD TERMINOLOGY FOR THIS RULE

See Rule 16, Utilization Standards.

17-4. PROVIDER'S RESPONSIBILITIES

(A) The health care provider shall prepare a diagnosis-based treatment plan that includes specific treatment goals with expected time frames for completion in all cases where treatment falling within the purview of the medical treatment guidelines continues beyond 6 weeks.

(B) Within 14 days of request by any party, the provider shall supply a copy of the treatment plan both to the patient and to the payer. Should the patient otherwise require care that deviates from the medical treatment guidelines, the provider shall supply the patient and the payer with a written explanation of the medical necessity for such care.

17-5. PROCEDURE FOR QUESTIONING CARE

(A) In cases where treatment falls within the purview of a medical treatment guideline, prior authorization for payment is unnecessary unless the guideline specifies otherwise, or Rule 16-9 (A)(I)-(4) apply.

(B) If prior authorization is required by the Medical Treatment Guidelines or a provider requests prior authorization then the procedure for contesting a request for prior authorization for payment is under Rule 16-10.

(C) The treatment guidelines set forth care that is generally considered reasonable for most injured workers. However, the Division recognizes that reasonable medical practice may include deviations from these guidelines, as individual cases dictate. For cases in which the provider requests care outside the guidelines the provider should follow the procedure for prior authorization in Rule 16-9.

(2) If the payer questions whether treatment is consistent with the medical treatment guidelines then the procedure for contesting payment of a billed service is covered under Rule 16-11 (B) and (C)

17-6**.** FAILURE TO COMPLY

See Rule 1, General Definitions and General Provisions

17-7**.** EXHIBITS TO RULE 17

(A) Exhibit 1 – Low Back Pain Medical Treatment Guidelines

(B) Exhibit 2 –RESERVED ~~Carpal Tunnel Syndrome Medical Treatment Guidelines~~ **(Incorporated into Exhibit 5)**

(C) Exhibit 3 - Thoracic Outlet Syndrome Medical Treatment Guidelines

(D) Exhibit 4 – Shoulder Injury Medical Treatment Guidelines

(E) Exhibit 5 – Cumulative Trauma Conditions (CTC) **(Includes Carpal Tunnel Syndrome Guidelines)**

(F) Exhibit 6 – Lower Extremity Medical Treatment Guidelines

(G) Exhibit 7 –Complex Regional Pain Syndrome/Reflex Sympathetic Dystrophy Medical Treatment Guidelines

(H) Exhibit 8 – Cervical Spine Injury Medical Treatment Guidelines

(I) Exhibit 9 – Chronic Pain Disorder Medical Treatment Guidelines

(J) Exhibit 10 – Traumatic Brain Injury Medical Treatment Guidelines