Assessment of Public Comment

During the public comment period, the Board received approximately four unique written comments.

Comments on the proposal generally

One joint comment from two associations supported the proposed updates to these medical treatment guidelines (MTGs). Accordingly, no change has been made in response to these comments.

One comment asked if additional information (a recommendation for radicular pain) should be added to the Neck Injury MTG, similar to the existing statement in the Mid and Low Back Injury MTG. Because the recommendations were already similar in the two MTGs, just with different placements in the two documents, no change has been made in response to this comment.

This comment also requested clarification if carisoprodol should be specified as a “not recommended” agent in the Neck Injury MTG, pointing out the Mid and Low Back Injury MTG excludes it. A clarifying change has been made to the Neck MTG, as it was inadvertently omitted, to make both MTGs consistent.

One comment from an association requested redlined edits in future proposed updates to the MTGs. No change has been made to the proposal in response to this comment, but the Board will keep this in mind for future MTG updates.

Mid and Low Back Injury MTG

One comment pointed out that page 41 of the proposed Mid and Low Back Injury MTGs referenced subacute or nonacute neck pain and asked if it was intended to say “back” rather than “neck.” The Board has corrected this typographical error.

One comment from an association requested language be added to section C.1.b. to further clarify the contraindication. The Board added “There are many instances in which a metallic object may be dislodged by the MRI’s magnetic field, causing significant harm, or even death” to emphasize that clinical judgment and caution should be exercised on a case-specific basis.

This comment also requested a note be added to section C.2.d. to clarify limitations and complications related to the procedure. The Board has added language addressing this and the risk of complications for lumbar discography.

One comment from a society recommended splitting a sentence in section E.4 into two sentences to clarify the language. The Board has made this change.
The comment also recommended removing “minimally invasive” in section E.8 for clarity. The Board has revised section E.8(11) of the Back MTG to read: "The physician performing the surgery has either completed procedure-specific training or has been granted hospital privileges to perform the specific type(s) of surgery(ies) being contemplated.

**Shoulder Injury MTG**

Three comments corrected a typographical error in the D.4.d heading. The Board has fixed this error.

One comment requested clarification about what specific classes of medications are included in psychotropics, as antidepressants and anticonvulsants are discussed previously in the guideline as “may be indicated” for treatment of various nerve injuries. The Board has corrected this discrepancy using clarifying language.

One comment from an association recommended removing the sentence “not more than two to three times annually” from sections D.1.e.ii.a., D.2.e.iii, and D.3.e.iv. The Board has incorporated these suggested changes to improve clarity.

One comment from a society recommended adding D.2.d.iii MRI in select patients as clinically indicated. The Board has made this clarifying change.

The comment also recommended adding intra-articular steroid injection to section D.2.e.iii. The Board agrees that this is a good clarifying change and not much clinical difference, so the Board has made this change.

This comment also recommended adding Adhesive Capsulitis/Frozen Shoulder and D.2.f.ii. arthroscopic capsular release with MUA for recalcitrant cases. While the Board understands that there are some rare instances that this treatment would be useful, the prior authorization process is available in the rare circumstances that this treatment is necessary, so no change has been made in response to this comment.

The comment also opined that a clarifying change should be made to section D.3.f. for biceps tenodesis or temotomy for subluxing and inflammation nor tearing biceps tendon or subluxing biceps tendon with partial or complete subscapularis tearing. The Board has made this clarifying change.

The comment also recommended adding “tenodesis” to section D.11.f.ii, and the Board has added clarifying language to this section.

The comment also opined that biceps temotomy/tenodesis are reasonable options in section D.11.f.iii. The Board believes this already appears in the MTG, so no change has been made in response to this comment.
Knee Injury MTG

One comment from an association requested clarification if a professional language interpreter provided via phone, such as LanguageLine or similar, would suffice. Section A is not unique to the Knee MTG, but rather is common across all MTGs. The interpreter requirement is not unique to the MTGs or the WC system, but rather is codified elsewhere as a statewide requirement for healthcare providers. Therefore, the Board has elected to not add any additional clarifying language at this time.

The comment also recommended the addition of “or alternate work” in Section A.18. The Board believes that this concept is addressed in Section A.19 which reads in part "For purposes of these guidelines, return to work is defined as any work or duty that the patient is able to perform safely" so no change has been made in response to this comment.

The comment also requested the Board to specify that an FCE may take place over two consecutive days. The general principles in Section A.18 are intended to generally describe the indications, uses and content of an FCE, and not outline specific time/durational requirements, so no change has been made in response to this comment.

This comment also recommended that the Board add recent history of trauma to section B.1.d in the list of red flags. The Board added more examples to the list of red flags for clarity.

The comment also requested that the Board add Lyme serology to section B.3 in the list of laboratory tests, and the Board has added this for clarity in eliminating something like this from consideration.

This comment also requested the Board add several maneuvers as examples used to test for meniscus injuries in section C.6. The Board agrees that this is a good clarifying and educational addition, and has expanded the explanation to include the McMurray, Apley, Steinman and Childress tests.

Neck Injury MTG

One comment from an association requested language to be added to section C.1.b. to further clarify contraindications for MRI. As above, the Board has added clarifying language.

Changes made:
- Changed effective date in text from May 24, 2021 to November 1, 2021
- Clarifying change in the preauthorization section of the MTGs to reference the section of the regulation where the list of Special Services is found

Back MTG
- Page 16: Added language regarding metallic objects and MRIs
• Page 21: Added clarifying language described risk of complications from lumbar discography
• Page 41: Corrected typographical error to say “subacute or non-acute back pain”
• Page 55: Added clarifying language to eliminate a run-on sentence: “Lumbar fusion is not recommended for spinal stenosis without spondylolisthesis, instability or surgical instability and facetectomy of > 50% of the facets.”
• Page 59: Added clarifying language for physicians performing surgery under the SI joint fusion section (paragraph 11)

Neck MTG
• Page 16: Added language regarding metallic objects and MRIs
• Page 37: Reference to Carisoprodol not being recommended in order to conform to Back MTG

Knee MTG
• Renumbered table of contents to match page numbers
• Page 13: Added clarifying language for further examples of red flags
• Page 14: Added clarifying language for Lyme serology
• Page 29: Added clarifying language with examples of physical examination
• Page 30: Made a formatting change to increase clarity

Shoulder MTG
• Page 18: Added clarifying language surrounding subacromial space injections
• Page 20: Added clarifying language for illustrative purposes for X-ray or MRI
• Page 21, 26: Added clarifying language for injections with steroids
• Page 26: Added examples of operative procedures
• Page 32: Corrected a typographical error in the D.4.d heading
• Page 67: Added language clarifying biceps tenotomy/tenodesis
• Page 68: Fixed a typographical error
• Page 71: Added clarifying language regarding psychotropic medications and antidepressants