
WCB Complex Case

In general terms, a complex case is one in which the injuries will require more intensive and frequent management by the practitioner and will require more monitoring by the administrative staff at WCB.

A complex case would be considered if an injured worker has multiple areas of substantive injury and each area is requiring significant time for management. Multiple areas is defined as more than two regions that may comprise the back (including the neck) and two or more of the upper extremity and/or the lower extremity also meeting the definition of type II or type III¹.

The treating practitioner will provide sufficient physical examination and injury description in the initial assessment report as to why the case should be so defined and how the case meets the criteria for a complex case.

The additional management time for a complex case would be equal to a normal subsequent visit. Billing for this additional time will be funded at the subsequent visit rate, but using fee code 429.

Definition of a Complex Case¹

Auto injuries can be classified as Type I, Type II and Type III, which can be used in the definition of a complex case.

Type I injuries have a favorable natural history. These injuries improve in a short period of time with no significant injury and an expectation of recovery in a few days to a few months. There is typically no significant loss of anatomical alignment, or structural integrity. Typically the impact of treatment interventions is modest (short term), and is usually limited to a reduction in symptom intensity and an increase in function.

There is no evidence that higher dose intensity, more frequent or longer provision of interventions, or multiple providers will improve function.

Type II injuries involve a substantial loss of anatomical alignment, structural integrity, psychological, cognitive and/or physiological functioning. The majority of patients with such injuries will require (in addition to natural healing) a significant amount of medical, surgical, rehabilitation, and/or psychiatric/psychological intervention to ensure an optimal recovery.

Type III injuries are a subset of Type II injuries, and fall into the framework of catastrophic impairments, with injuries such as amputation, spinal cord injuries and severe brain injuries.

Criteria for defining a claim being a complex case

- Severity of injury equivalent to the definition of Type II and Type III injuries.
- Worker is off work.
- Multiple areas of substantive injury and each area is requiring significant time for management. Multiple areas is defined as two or more regions that may comprise the back (including the neck) and/or one or more of the upper extremity and/or the lower extremity. Treating practitioner provides sufficient physical examination and injury description as to why the case should be so defined and how the case meets the criteria for a complex case.

Treatment limits

- If the case is defined as complex, an additional treatment time per day using code 429 would be allowed with each of the initial and subsequent visits.
- The practitioner should identify in the initial assessment report sufficient physical examination and injury description as to why the case should be so defined and how the case meets the criteria for a complex case.
- If the worker is still off work after the first month of treatments, or at work in a reduced capacity still requiring a complex status of treatment, the file shall be referred to the chiropractic/physical therapy consultant to determine if the frequency of treatment can continue for another four weeks, or the worker should be referred for a multidisciplinary assessment (MDA).

Approval process for complex case

- Treating practitioner shall provide sufficient physical examination and injury description as to why the case should be defined as complex.
- Case manager refers the claim to chiropractic/physical therapy consultant for review if the worker is still off of work at four weeks, or at work but in a reduced capacity.
- The chiropractic/physical therapy consultant will review those complex cases, either by direct referral from the case manager or auto-routed by cost to determine if primary treatment frequency should remain, be reduced, or should go on to a MDA.

¹ Adopted from the Ontario Protocol for Traffic Injury Management (OPTIMa) Collaboration (Côté P, Shearer H, Ameis A, Carroll L, Mior S, Nordin M, and the Ontario Protocol for Traffic Injury Management Collaboration. *Enabling Recovery from Common Traffic Injuries: A Focus on the Injured Person*. Toronto, Ontario: UOIT-CMCC Centre for Disability Prevention and Rehabilitation, 2015).