The American College of Occupational and Environmental Medicine Practice Guidelines defines functional restoration as the process by which the individual acquires the skills, knowledge and behavioral change necessary to avoid preventable complications and assume or re-assume primary responsibility for his or her physical and emotional well-being post injury. But how can insurers identify an effective functional restoration program? What’s the best way to prepare a worker for such a plan, and what are the challenges to reaching and retaining successful outcomes?

A Real-World Candidate

To understand the challenges and opportunities of successful functional restoration programs, consider the real-world case of “Evelyn,” a 30-year-old restaurant chef with a very active lifestyle. During a break at work in 2007, she fell down some steps and her right leg became caught between the stair bars. At the emergency room she presented with pain that was more severe than expected for her injury and was diagnosed with complex regional pain syndrome (CPRS). This was a notable diagnosis, and an incorrect one. CRPS is not a diagnosis that would manifest in the emergency room. In addition, there should be clear signs and symptoms. For instance, hyperalgesia, skin/nail changes, temperature changes, edema, redness and muscle/skin atrophy. Rushing to a CRPS diagnosis for what was simply unexplained pain severity set up a cascade of ineffective care lasting years.

By 2012, five years after her injury, Evelyn hadn’t achieved any success in her recovery. She underwent a multitude of procedures, including several sympathetic blocks and a spinal cord stimulator implantation. She was using a cane, walker and wheelchair and was taking a variety of medications, including Oxycontin, Oxycodeone, Lyrica, Zanaflex, Baclofen, Klonopin, Compazine, Zofran, Reglan and Colace. In one two-month period, she had 11 hospital visits with severe nausea and vomiting. She also suffered from bilateral lower extremities spasms, severe depression and anxiety, and severe sleep disturbance. A pain pump was also recommended. Taking all that into consideration, Evelyn would be an ideal candidate for functional restoration.

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Characteristics of an Effective Program

The concept of functional restoration is not new and, in fact, has been around for decades. But there is a renewed interest in it, because despite innovations in pain management, pharmaceuticals and treatment, there are more cases of patients achieving less functionality. With payors once again paying attention to functional restoration as a management option, many providers are re-branding their services. But there are differences between a true functional restoration program versus services. How do payors and patients, know which options can really walk the walk?
A robust program is typically one in which interdisciplinary goals, coordination and communication are the foundational pillars of success, rather than à la carte services available to patients. The multidisciplinary team is collaborative and strategic and is driven by achieving definable outcomes. The process is monitored and measured, delivering quantifiable data that builds success upon success.

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A high quality functional restoration program provides long-term program stability. The program philosophy and outcomes should be able to withstand the natural attrition caused by inevitable changes in medical and therapy staff. The program approach regarding medication weaning, restoration of function, behavior management, resource consumption and communication with payors should be consistent from year to year. This is the philosophy that new staff members buy into when joining the team.

**Six Steps for Successful Functional Restoration**

A successful path to functional restoration is quantifiable and greatly enhances the possibilities for a positive outcome. Paradigm Outcomes offers six recommendations for devising an effective functional restoration strategy. Paradigm takes each of these steps in every catastrophic and complex case it manages.

1. **Secure an agreement to participate with the injured worker.**

Certainly the most important step is the first, and that is to get the patient to completely engage with the program. Unfortunately, few patients even know about such programs, and their physicians may be reluctant or resistant to recommend them. Often it is the case manager or insurance company that encourages this treatment approach. Injured worker acceptance is often difficult and Paradigm often manages readiness for change using the trans-theoretical model in which the patient moves from “not for me” (pre-contemplative); to “maybe this might help” (contemplative); and lastly to the active planning stage of entering the program.

Setting expectations is critical for all parties involved, including the treating physician. Care managers may need to consider locating a new physician when the treating physician is unable or unwilling to support a functional restoration approach. The family of the patient also needs to be invested in the program and outcomes, as they are a key factor in overall success. Other steps include logistical issues, such as childcare, pet care, transportation and all the other day-to-day commitments that could impact the patient’s engagement with the program.

2. **Develop program selection criteria.**

Choosing the right functional restoration program involves matching a patient’s specific needs to a program’s capabilities. This requires provider expertise in evidence-based assessment and treatment of the admitting diagnosis; capacity to meet the individual’s needs in terms of inpatient or outpatient structure; detoxification resources, including polypharmacy reduction; a focus on restoration and self-management; and finally injured worker and payor willingness to consider treatment outside the local area when no qualifying resources are nearby.

3. **Manage participation from consideration through admission to the program.**

Even with family support systems, patients are commonly reluctant to participate. There is often anger, a lack of cooperation, demand for higher amounts of medications, and even a strong belief that the patient’s primary doctor didn’t approve a
functional restoration plan. Despite the reluctance, patients can and do acquiesce and engage in the program. A strategic approach is then defined, combined with specific program curricula, discharge criteria and an outcome-based transition plan back into the community. With those in place, a patient’s path to functional recovery can truly begin.

4. **Review the curriculum.**

The diagnosis must be clarified with hands on, detailed physical exams by doctors experienced with the evidence-based criteria. This is particularly true for controversial diagnoses, such as complex regional pain syndrome, and other diagnoses that may have been made inaccurately or are no longer valid. The injured worker’s disease conviction can be addressed during the restorative program while weaning patients from medications as indicated. After a time, a level of trust is established, and the tapering of medications can accelerate. Ultimately, functional restoration can be achieved with one-on-one treatment each day of the program, focusing on mood, coping, sleep, endurance, customized graded therapeutic exercise and future plans. Weekly improvements should be documented.

5. **Measure outcomes.**

Outcomes are as much about the data arising from the program as the patient’s positive results. To understand and learn from real success, it is vital to document definable outcome achievements for specific to each individual. Achievement must be defined for each goal so all parties, but especially the injured worker, can monitor and refer back to those results. That success, though, can be undermined by a variety of factors, including allowing a patient to leave against medical advice, prescribing long-term opioid maintenance therapy, adding unnecessary compensable diagnoses or having the patient return to prior enabling providers.

6. **Manage the transition back into the community.**

A collaborative discharge plan should be put in place to prevent relapses. The discharge planning process should begin prior to program admission. Patients often return to lifestyles not conducive to long-term recovery, so an active follow-up plan is imperative. If a new primary care physician is assigned, there should be immediate post-discharge follow up. The functional restoration program may have its own follow-up stability program which may be scheduled at one-to-three-month intervals, depending on the case and discharge plan.

*When a patient’s needs are matched perfectly with a multidisciplinary functional restoration program, the results can be impressive for both the patient and the carrier.*

It is important to note the program and treatment resources will likely require active care management through the entire course of the claim.

**A Picture of Success**

Evelyn’s restoration program followed this six-step process and achieved excellent results. She agreed to participate in a four-week treatment plan in June 2012, spending three weeks as an inpatient and one as an outpatient. Although her participation started slowly, she began to gain momentum and confidence. During the program, all medications were progressively discontinued with the exception of Lyrica, which she stopped taking the following month. She began going to the gym five days a week and obtained a full release to return to work in October of that year. Had Evelyn not participated in a functional restoration program, the lifetime costs would have been staggering. Prior to Paradigm’s involvement, the lifetime medical exposure was estimated at $3 million. As a result of a carefully managed functional restoration program, over $1 million in future medical costs were avoided on the Medicare Set-Aside alone and the case settled for roughly $280,000.
Conclusion

Functional restoration is certainly about *restoration of function*. When a patient’s needs are matched perfectly with a multidisciplinary functional restoration program, the results can be impressive for both the patient and the carrier. Achieving that success is possible by understanding that functional restoration is a comprehensive program, not a collection of services. It should be a six-step process that secures the patient’s agreement, uses stringent program selection criteria, ensures family participation, reviews curricula, measures outcomes and manages the patient back into the community. Functional restoration improves the patient’s long-term health and enormous savings can follow.

About Paradigm Outcomes

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Paradigm Outcomes provides acute and ongoing catastrophic and complex case management services for acquired brain injuries, spinal cord injuries, multiple traumas, amputations, burns and chronic pain. As the nation’s leading provider of complex and catastrophic medical management, Paradigm achieves 5x better medical outcomes and lowers total costs by 40%. Paradigm accomplishes this by bringing together nationally recognized doctors and specialists, the best network of care facilities in the country, and 25 years of clinical data to guide decisions. For more information, visit [www.paradigmcorp.com](http://www.paradigmcorp.com).