MDGuidelines – ACOEM Practice Guidelines

User Guide
1 Overview

1.1 Purpose and Intended Audience

The purpose of this guide is to help users become familiar with the new version of ACOEM’s Practice Guidelines located at www.mdguidelines.com.

ACOEM’s Practice Guidelines are the gold standard in the effective treatment of work-related injuries and illnesses. The Guidelines present essential evidence-based information to address the injured worker’s functional impairment and safely return him or her to work. The treatment approach takes a comprehensive view that encompasses the medical, psychosocial, and functional outcomes of the injured worker.

The Guidelines cover diagnostic and treatment options for cervical and thoracic spine, low back, shoulder, elbow, hand / wrist / forearm, hip and groin, knee, ankle and foot, occupational interstitial lung disease, and occupational asthma. They also cover chronic pain and the use of opioids. The Guidelines are an important tool for physicians and other health care providers, and all others with responsibility for or involvement in worker health and workers’ compensation systems.

To learn more about ACOEM and the Practice Guidelines, visit the ACOEM Practice Guidelines Methodology page.

1.2 Getting Started

The ACOEM content is located under the Resources menu at the top-right corner of the webpage. After clicking on the dropdown menu, select the ACOEM Practice Guidelines link:
After clicking on the link, you will be taken to the main directory for the ACOEM Practice Guidelines (below). From here, you can select either the Methodology, Foundations, or Disorders sections. This content is described in more detail in Section 2.

**NOTE:** The MDGuidelines search function will not return ACOEM content results at this time. An advanced search will be added in the future to include results from ACOEM and other content sources.
2 ACOEM Content

There are three primary sections of content for ACOEM: Methodology, Foundations, and Disorders.

2.1 Methodology

The Methodology section provides information on the following:

- History of ACOEM
- Why the guidelines were created
- Structure of the ACOEM organization
- Process for developing, revising, and updating the guidelines and other ACOEM evidence-based products
- References
2.2 Foundations

The Foundations section discusses the underlying cornerstones of the ACOEM *Practice Guidelines*:

- Prevention
- General Approach to Initial Assessment and Documentation
- Initial Approaches to Treatment
- Work-relatedness
- Cornerstones of Disability Prevention and Management
- Independent Medical Examinations and Consultations
2.3 Disorders

The Disorders section provides the full text of conditions covered in the ACOEM Practice Guidelines, including diagnostic and treatment recommendations. The same diagnostic and treatment recommendations are also available in an easily searchable, easily printable format in our DART tool. For more information on DART, see https://new.mdguidelines.com/Resources/Help/About-DART.

The current guidelines covered by ACOEM are as follows:

- Ankle and Foot Disorders
- Chronic Pain
- Cervical and Thoracic Spine
- Elbow Disorders
- Eye Disorders
- Hand, Wrist, and Forearm Disorders
- Hip and Groin Disorders
- Interstitial Lung Disease
- Knee Disorders
- Low Back Disorders
- Occupational Asthma
- Opioids
- Shoulder Disorders
The Disorder guidelines generally contain the following information, in relation to a specific diagnosis covered by ACOEM:

- Workflows (previously called Algorithms)
- Risk and Causation
- Initial Assessment, History, Physical Examination, and Testing Procedures
- Red Flags
- Management Approach
- Diagnostic Recommendations and related evidence
- Treatment Recommendations and related evidence
- Follow-up Visits
- Contributors and references
3 Diagnostic and Treatment Recommendations

3.1 Viewing the Recommendations

Within a Practice Guideline, you will find diagnostic and treatment recommendations as provided by ACOEM. The same diagnostic and treatment recommendations are also available in an easily searchable, easily printable format in our DART tool. For more information on DART, see https://new.mdguidelines.com/Resources/Help/About-DART.

From within the diagnostic or treatment recommendation section of a guideline, you will need to choose a specific diagnosis. Once you choose a specific diagnosis, you will be presented with several treatment options for each. For example, here are the Rehabilitation Programs treatment recommendations for Low Back Pain:

Rehabilitation Programs

Chronic Pain Management/Functional Restoration Programs for Chronic Spinal Pain

Recommended. Chronic pain management/functional restoration programs are recommended for treatment of chronic spinal pain, particularly those programs that focus on functional outcomes. Although such programs are recommended for chronic spinal pain patients, their high cost and heterogeneity of quality necessitate that the referring physician be familiar with the outcomes of any given program for the type of patient and condition being referred.

Strength of Evidence – Recommended, Insufficient Evidence (I)
Level of Confidence – Moderate
Indications – Chronic spinal pain with inadequate functional status, including lost work or remaining on modified duty. May also include impairments in avocational activities. Program should be heavily functional activity based (i.e. aerobic and strengthening). May include other elements, especially psychological and opioid tapering, as indicated.
Indications for Discontinuation – Non-compliance, identification of contraindication to continue (e.g., surgical indication).
Harms – High costs, further medicalization.
Benefits – Improved functional restoration.

Chronic Pain Management/Functional Restoration Programs for Subacute (Early Intervention) Pain Management

Recommended. Chronic pain management/functional restoration programs are recommended for use with caution in the late subacute phase if their cost can be justified based on early development of major psychosocial barriers to recovery such as opioid dependence, severe post-operative complications, severe mood disorders, or complicating co-morbid conditions. It is believed that subacute early intervention programs will involve lower utilization/ cost than in the chronic phase. Other factors to be considered in individualizing these programs include severity of disability or job demand level. The intensity, duration, and type of service involved with intervention at this phase should be proportional to the clinical needs for functional restoration of the patient.

Strength of Evidence – Recommended, Insufficient Evidence (I)

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3.2 Recommendation Definitions

There is an explicit link between the recommendations and the supporting evidence. Each recommendation includes references. Each recommendation has an accompanying paragraph that describes the Panel's conclusion about the evidence found on that question and the rationale for the specific recommendation. These paragraphs explain how the Panel interpreted and weighed the evidence and how they balanced this against other considerations such as potential harms and costs in formulating the recommendations. For example, if the Level I evidence found was inconsistent, then the Panel comments on how they interpreted and weighed the evidence in a logical and fair way and adhered to the First Principles (see https://new.mdguidelines.com/Resources/Help/About-DART).

Recommendations are made at the following levels of evidence:

- Strongly Recommended, "A" Level Evidence
- Moderately Recommended, "B" Level Evidence
- Recommended, "C" Level Evidence
- Recommended, Insufficient Evidence (Consensus-based), "I" Level
- No Recommendation, Insufficient Evidence (Consensus-based), "I" Level
- Not Recommended, Insufficient Evidence (Consensus-based), "I" Level
- Not Recommended, "C" Level Evidence
- Moderately Not Recommended, "B" Level Evidence
- Strongly Not Recommended, "A" Level Evidence

Recommendations for diagnosis treatment are made in the following general categories:

- Diagnostic Interventions (e.g., X-rays, MRI)
- Medications (including topical creams)
- Allied Health Interventions (e.g., acupuncture, manipulation)
- Electrical Therapies (e.g., iontophoresis)
- Hot and Cold Therapies (e.g., ice, heat)
- Devices (e.g., slings, splints, crutches)
- Injection Therapy (e.g., glucocorticosteroids, Botox)
- Surgical Considerations
- Behavioral and Psychological Interventions
- Rehabilitation Programs (e.g., physical therapy)

3.4 Evidence Studies

Within the recommendations sections, you may also find the Evidence Tables used to formulate the recommendations.
4 Other Information

4.1 Printing

In order to print a section of the ACOEM Practice Guidelines, use your browser print functionality. You may also select a portion of the text, copy it, and paste it into another word processing application and print only the text that is important to you.

4.2 Version Information

The Introduction section of each Practice Guideline contains the effective / revised date of publication for that particular guideline (see below).

When citing the ACOEM Practice Guidelines, the following general format is recommended:

5 Support

If you need assistance with the ACOEM content, you can contact the MDGuidelines support team at 800.442.4519 or supportteam@reedgroup.com.