Learning Objective

- Understand the triggers which result in Defense Medical Examinations and Defense Record Reviews

Learning Objective

- Recognize diagnostic and treatment difficulties / problems earlier in the treatment regimen.
- Document treatment difficulties and make appropriate referrals
Defense Triggers Brought on By Treating Physicians

- Poor Documentation
  - Inadequate documentation of injury mechanism
  - Unexplained delay in professional intervention
  - Generic computer generated reports
  -Verbose and unbelievable exam findings
  - Unsupported diagnoses
  - Prolonged treatment plans
  - Lack of treatment plans
  - Failure to utilize outcome measures
  - Failure to correctly diagnose complicated cases

- Inconsistencies
  - "Red Flagged" providers / clinics
  - Different findings by different physicians
  - Diagnostic studies not justified
  - Diagnostic study results not utilized
  - Failure to report prior injuries / conditions
  - Failure to refer or work concurrently with other specialists

WHEN TO REFER...

Importance of Multidisciplinary Management

Offer Options

- Document Options Offered:
  - Live with Residual Pain / Condition
  - Pain Management Referral
  - Orthopedic Referral
  - Other Specialist Referral
Basic Referrals...

- Diagnostics
  - Rule out discopathy and/or facet inflammation (MRI)
  - Rule out fracture (X-ray, CT or Bone Scan)
  - Rule out DAI (3T MRI of Brain)
  - Rule out bone marrow edema (MRI with STIR images)
  - Neurologic complaints / findings (EMG/NCV)

- Co-Morbidities
  - Diabetes
  - Thyroid Disorders
  - Etc.
Basic Referrals...

- Specialists
  - Pharmacologic management
  - Motor radiculopathy
  - Peripheral neuropathy
  - Atrophy
  - Fasciculations
  - Myelopathy
  - Cauda Equina Syndrome
  - MTBI
  - Fractures
  - Instability
- Outcome Measures (failure to demonstrate improvement)

Multidisciplinary Management

- Should be seamless integration with communication between providers / specialists.
  - Allows more aggressive treatment plans to be implemented in a timely fashion, i.e., prior to chronicity.
  - Prevents prolonged / ineffectual treatment plans.
- Outcome Measures allow timely and appropriate referrals.

Appropriate Diagnostic Studies

- Radiographs
- MRI Scans
  - How should they be ordered in the presence of trauma?
- CT Scans
- Bone Scans
- Neurodiagnostic Studies
  - Indications & Limitations
Radionuclide Bone Scan
- Occult Rib Fractures
- Spinal Fracture

MRI
- Development of Discopathy
- Disc Extrusion

MRI
- Sagittal T2
- Axial T2
MRI

Bilateral Facet Inflammation

Unilateral Facet Inflammation

Tiger Woods

Tiger Woods Has Inflamed Facet Joint In Neck

Tiger Woods underwent an MRI on Wednesday in Florida to diagnose the injury that forced him out of the FedEx Cup Playoffs. He said in a statement that he would not play again this year.

When the facet joints are inflamed, it causes pain in the affected area as well as headaches and difficulty rotating the head.

Tiger’s back pain is due to facet arthropathy, a degenerative condition of the facet joints. The MRI revealed bilateral facet arthritis and central canal stenosis.

MRI

- Multi-factorial
- Facet inflammation
- Facet cyst
- Central canal stenosis
- Bilateral IVF stenosis
- Smaller Margin of Safety
MRI Sequences

- **T1**
  - Fat is bright
  - Water is dark
- **T2**
  - Water is bright (edema, tumor, infection, inflammation, infection, subdural collection)
- **STIR**
  - Fluids very bright
  - Fat very dark

Clinical Pearl
- In trauma, I always order 3T MRI with STIR

REPORTS

Learning Objective

- Understand the importance of the written report in today’s healthcare environment
- Incorporate relevant data in the written report in a professional and concise manner
Types of Reports

- Initial Reports
- Update Reports
- Final Reports
- Record Reviews
- Independent vs Defense Medical Examinations
- Permanent Impairment Ratings

Importance of Reports

- Becomes a permanent part of the treating provider or expert's record.
  - Poorly Written
  - Hurt Case
  - Impeach credibility
  - Well Written
  - Help case
  - Future referrals

Treatment Reports

Initial
- History
  - PMH
  - PHS
- Examination
- Diagnostics
- Discussion

Update & Final
- Subjective
  - Intervening Trauma
  - Examination
- Updated / Discharge Diagnoses
- Discussion / Treatment Plan
Ineffectual Initial Report

Can you bill for reports?

Bill for Quality

99203 vs 99204
- Time
- Complexity
- E&M Criteria

Additional Charges
- -26 Modifier for Outside X-Rays
- Direct vs Indirect Add'l Time
  - 99354 Direct First 60 Add'l Min
  - 99355 Direct Each Add'l 30 Min
- 99358 Indirect First 60 Min
- 99359 Indirect Each Add'l 30 Min
Is the Criteria for 99204 Met?

Criteria for the 99204 E&M code was not met in this case. The 99204 coding represents upcoding and should not be considered for reimbursement. The 99204 E&M code requires:

a. Comprehensive History: Requires four or more elements of the history of present illness (HPI) or documentation of the status of three chronic medical conditions. It also requires at least one item from past history (illnesses, operations, injuries, treatments), social history and family history. In addition, a complete review of systems is also required (10 or more organ systems) as well (not performed).
b. Comprehensive Examination: Requires either a general multi-system examination (at least 2 elements and in at least nine organ systems or body areas) or complete examination of a single organ system (at least 12 elements). This was not accomplished.
c. The physician should spend 45 minutes face-to-face with the patient (unknown).

FINAL EVALUATION

Pre-Incident Status vs. Maximum Improvement

Outcome Measures:
MTB vs. MMI

- Maximum Therapeutic Benefit (MTB): Implies maximum improvement has been obtained with a given avenue of treatment.
- Maximum Medical Improvement (MMI): Implies all prudent avenues of treatment have been exhausted or declined.
As defined by the Mercy guidelines, supportive care is the "treatment/care for patients having reached maximum therapeutic benefit, in whom periodic trials of therapeutic withdrawal fail to sustain previous therapeutic gains that would otherwise progressively deteriorate. Supportive care follows appropriate application of active and passive care, including lifestyle modifications. It is appropriate when rehabilitative and/or functional-restorative and alternative care options, including home-based self-care and lifestyle modification, have been considered and attempted. Supportive care may be inappropriate when it interferes with other primary care, or when the risk of supportive care outweighs the benefits (e.g., physician dependence, somatization, separating, denial, or secondary gain)."