DEFENSE TRIGGERS

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

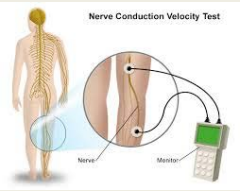
- Document Options Offered:
  - *Live with Residual Pain / Condition*
  - *Pain Management Referral*
  - *Orthopedic Referral*
  - *Other Specialist Referral*

Basic Referrals…

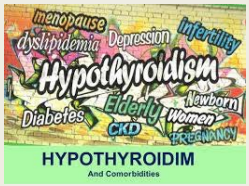
- Diagnostics
- Co-Morbidities
- Specialists

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)*



Basic Referrals…



- 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

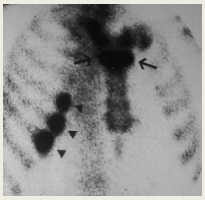
- Should be seamless integration with communication between providers / specialists.
  - *Allows more aggressive treatment plans to be implemented in a timely fashion, i.e., prior to chronicity.*
  - *Prevents prolonged / ineffectual treatment plans.*
- Outcome Measures allow timely and appropriate referrals.

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

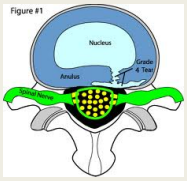
Occult Rib Fractures



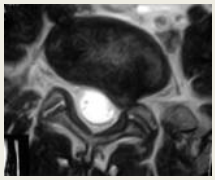
Spinal Fracture

MRI

Development of Discopathy



Disc Extrusion



MRI

Sagittal T2

Axial T2

MRI

Bilateral Facet Inflammation

Unilateral Facet Inflammation

Tiger Woods

May 12 8:32p

Tiger Woods Has Inflamed Facet Joint In Neck

by **Ryan Hudson**

Tiger Woods underwent an MRI on Wednesday in Florida to diagnose the injury that forced his withdrawal from The Players Championship over the weekend. Late in the evening, the **results of those tests** were made public (via **Tiger's official website**): the noted golfing enthusiast has "an inflamed facet joint in his neck."

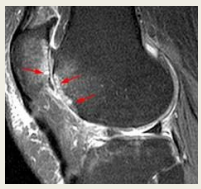
> When the facet joints are inflamed, it causes pain in the affected area as well as headaches and difficulty rotating the head.
>
> "I want to thank everyone for their caring and concern," Woods said. "I now need to take care of this condition and will return to playing golf when I'm physically able."

MRI

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

MRI with STIR Images

Bone Marrow Edema



Knee Dashboard

MRI with STIR Images (Bone Marrow Edema)

Knee Trauma

Cortex vs. Cancellous

Vertebral Fracture

MRI Sequences

- T1
  - *Fat is Bright*
  - *Water is dark*
- T2
  - *Water is Bright (edema, tumor, infarction, 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*
  - *ROS*
- Examination
- Diagnostics
- Diagnoses
- Discussion

Update & Final

- Subjective
  - *Intervening Trauma*
- Examination
- Updated / Discharge Diagnoses
- Discussion / Treatment Plan

Ineffectual Initial Report

If you have any questions, please feel free to contact this office.

Sincerely,

Grade	Daily	3x/wk	2x/wk	1x/wk	1x/mo	TD	TN
Grade I	1 wk	1-2 wk	2-3 wk	> 4 wk	—*	> 10 wk	> 21
Grade II	1 wk	> 4 wk	> 4 wk	> 4 wk	> 4 mo	> 29 wk	> 33
Grade III	1-2 wk	> 10 wk	> 10 wk	> 10 wk	> 6 mo	> 56 wk	> 76
Grade IV	2-3 wk	> 16 wk	> 12 wk	> 20 wk	**	**	**
Grade V	Surgical stabilization necessary - chiropractic care is post surgical						

Can you bill for reports?

Dr. [redacted] billed $250 for an Initial Narrative Report and $500 for a Final Narrative Report. These reports should be paid for by the requesting entity(s) and should not be considered for reimbursement.

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 each 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.

Supportive Care

- 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 appropriate primary care, or when the risk of supportive care outweighs the benefits (i.e., physician dependence, somatization, illness behavior, or secondary gain)."