



Paul E. Okamoto, D.C.

Back Talk

Paper Review and Independent Medical Evaluation (Part Two A - Complications)

The first complication that I will address is multiple injuries, some which are within your expertise and some that are outside. When this situation occurs, the sooner that a referral can be made to a specialist to address those issues outside of your expertise the better. Commonly you can continue treatment on the area that is within your scope of practice, and the other doctor can treat your patient for the other problem concurrently.

There is another reason that I recommend that you obtain a second opinion from a MD. If the patient is progressing slower than anticipated, it is wise to consult someone else in order to share responsibility. It is quite possible that he/she can provide additional recommendations that are helpful to the patient. The downside is that, if you plan to keep on treating the patient but have not worked with this other doctor in the past, the doctor can give recommendations that do not include or even may discourage continuing chiropractic care. It is always good to use a doctor that you know is open-minded. I have found in my experience that when an MD is also involved, the case paper reviews and IMEs occur less frequently.

The second complication occurs when the patient is being treated for one accident and then has another before he/she is medically stationary from the first. The DC will then need to determine what percentage of treatment is associated with each accident. This attributing percentage of liability to each accident or condition is called apportionment. Apportionment typically determines what percentage of your services each party pays.

Several scenarios come to mind regarding apportionment. One situation is where you are treating one area of the body that is not accident related and then the patient has an injury to a different area of the body. A slightly different occurrence is where a patient injures one region of the body in one accident and then has a second accident in which those injuries are in a different region. For example, you are treating a person for a low back problem, either injury or non-injury related, and then the patient has an accident in which they

injure their neck. The simplest solution is to treat each region on different days and apportion 100% of the treatment given that day to the associated liable party. This does create inconvenience for the patient, but the liability of each visit is clear-cut and much less headache for both the doctor and the insurance company.

A more common situation is where you are treating a patient for a problem that is either not injury related or associated with an injury that has already been settled years prior. While undergoing treatment, the patient then has an

In many areas
in business,
ethics and morals,
decisions are
black and white.
However,
sometimes
circumstances are
gray and require
careful thought
and judgment.

continued page 8,

Back Talk, continued.

accident, injuring the same region. Commonly, the insurance company will ask you to apportion what percentage of your treatment is associated with the prior cause and with the current accident. Another situation can occur in which you have never treated the patient, who comes in after an accident, and x-rays reveal pre-existing residuals, i.e. disc degeneration, arthritis, scoliosis, etc. that you know are involved.

When I treat a patient for a musculoskeletal problem that is not injury related, I commonly diagnose segmental dysfunction. In contrast, if an injury has occurred, muscles and/or ligaments have been torn. Thus I typically give a strain/sprain diagnosis. I apportion 100% of the treatment to the strain/sprain until the patient reaches pre-accident status. Once the patient has returned to the place that he/she was prior to the accident, I then release him/her from the injury. This thought is consistent with insurance reimbursement. The responsibility of the insurance company is to pay for injuries that are only the direct result and associated with the accident.

I should state that in many areas in business ethics and morals, decisions are black and white. However, sometimes circumstances are gray and require careful thought and judgment. When a patient was undergoing treatment just prior to the accident, this is one of those gray areas. If a doctor is not careful, this situation can turn into a slippery slope without clear differentiation. The longer the patient is treated under the accident, the more difficult it will become for both the patient and the doctor to decide what pre-existed the accident and what remains from the accident.

Pre-existing treatment to an area that is then injured should alert you that this claim may end up as a paper review or IME. I suggest you treat on the conservative side and release the patient from the accident as soon as possible. If additional treatment is necessary, you can then look to the patient or his/her private major medical insurance to pay for subsequent services.

In the case where I had not treated the patient but that person had obvious pre-existing findings, my observation and experience has been that those factors tend to adversely affect the injured person. The region involved is not as strong and thus is more susceptible to injury. Also, the pre-existing factors tend to retard progress. I always note pre-existing weaknesses and these issues in my findings and report. Again, the responsibility of the insurance company is to pay for injuries sustained from the accident and bring that person to pre-accident status, not to correct a problem that was there before.

ADDRESS PHONE or E-MAIL CHANGED?



The CCA Home Office will begin work on the 2014-2015 Membership Registry in August. If you have had an address, phone or website change recently, please give us a quick call or e-mail and let us know of any recent changes in your contact information.

Ph: 800.999.1970
E-Mail: cca@frii.com

In the most common scenario of having sustained injuries from more than one accident, my suggestion for apportionment is to ask the patient several questions. What was the approximate percentage of recovery from the first accident at the time of the second? What was the pain level just prior to the second accident and compare that to the pain level just after? By obtaining this information, you will have a better idea regarding apportionment. Of course, your assessment and opinion is the primary determination.

Apportionment can continue throughout the course of treatment or can be altered during the course of treatment. Thus it is not unusual to apportion liability percentages at the beginning of care. However, at a follow-up exam, a doctor may determine that the patient has recovered from one accident and then apportion 100% of additional treatment to the remaining injuries from the other accident.

(In my next installment, I will conclude the topic of complications that may be involved in paper reviews or IMEs)

Dr. Paul Okamoto is a 1974 graduate of Palmer Chiropractic College and has been a member of the CCA since 1977. He lives in Portland, Oregon.