



Paul E. Okamoto, D.C.

Back Talk

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

In continuing on in our look at complications, another type can occur during the course of treatment. While the patient is undergoing care, he/she then has an incident or accident. Commonly, this may be something that is done at home, i.e. slept wrong, strenuous activity, fall, etc. This must be noted in your chart notes, and you should give an assessment of what happened. If there is a re-injury, a red flag should come up in your thoughts. This is another one of those gray areas that require careful consideration as to responsibility of each party. If there is no re-injury, but only an exacerbation or flare-up, you should note that activity caused an aggravation to the injury being treated. If you mention the flare-up and how it occurred but do not state that it was only an aggravation, you can be assured that visit and follow-up visits may be denied, as the insurance adjustor will assume that is a new injury.

Next, I would like address time lapses. An insurance claim is most clean and readily accepted when there is an evaluation immediately following the accident and consistent treatment until the patient reaches medical stability. The doctor has fresh objective findings that help to substantiate the injuries, i.e. bruises, lacerations, muscle spasm, etc. Since the patient cannot duplicate these findings, they are hard evidence consistent with and help substantiate recent trauma. Any lapse of time between the accident and when the patient is released from the claim can become a complication and needs to be addressed by the doctor.

Time lapses fall into two categories. The first category is the time between the accident and when the patient sees you. In this area, there are two common occurrences. The first situation occurs when you are the first doctor to examine the patient. The longer that the patient waits to see you, the more difficulty you have to associate symptoms and findings to the accident. In other words, as time progresses, the trail becomes cold. This scenario is fairly common, as the patient either waits to see if the symptoms will resolve on their own or they just self-treat with a home remedy such as aspirin, heat, ice, etc. When a patient finally realizes that the symptoms are not improving, there may be a significant time lapse. The second situation occurs when the patient initially sees a doctor, either in the emergency room or in an office and then has a time lapse between that visit and your care. Both of these situations must be addressed in your chart notes and explanation must be given of the patient's rationale for waiting.

The second category is when there are time lapses that occur during the course of your treatment. These are typically missed appointments and occur with the vast majority of patients. When these happen from time to time, the

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Our desire is to communicate with our members and provide useful information, insightful readings, and words of encouragement to you as you practice or study chiropractic and serve the Lord.

We appreciate receiving articles from you, whether focused on professional or practical advice, spiritual applications, life experiences, or simply thoughts that you would like to share.

E-mail, fax or send them into the Home Office, and we will do the editing/formatting for you.

Give us a call if you have any questions. We look forward to reading what's on your mind.



New CCA Members

Welcome to those who have recently joined the CCA:

August 2014

- James Goetz
Matawan, NJ (student)
- Justin Dick
Fort Mill, SC (student)
- Shelly Ping
Huntington, IN (auxiliary)

Back Talk, continued.

only problem may be inconvenience to the doctor and staff. However, when missed appointments become regularity, then interruption of improvement occurs. Additionally, continued missed appointments may tell 3rd party payers (MVA and WC) that the patient may be recovered. If the patient misses treatment for a time without justification and then returns for care, this may also bring up questions in the adjuster's mind that maybe something else that the patient did (*besides the accident*) may be the cause for the present symptoms and associated treatments.

I have decided that when missed appointments become a regular routine, I will give the patient an ultimatum - either he/she come in as recommended or I will discharge him/her from our office. In many cases, the patient will then decide to follow my recommendation to completion. Occasionally, after giving the warning, the patient continues the same pattern of missed appointments. In that situation, I will then send the patient a formal letter of discharge from our office.

In the past, I have just let the patient continue to miss and come in when they want to be seen. I have found this to be troubling from two sides. The patient will undoubtedly return when the symptoms worsen, asking if they are ever going to recover. Also, the insurance company contacts me, asking for an anticipated discharge date, as well as explanation why the patient needs additional treatment. I have found this quite uncomfortable being pressed from both sides when the patient's lack of recovery is due to missed appointments. I have concluded that the headaches are not worth the hassle.

In my last article of this series, I will address the review process itself. Have a blessed day!

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



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