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Back Talk

Paper Review and Independent Medical Evaluation (Part Three A - The Review Process)

The typical scenario concerning paper reviews is that the insurance company sees that the patient continues to come in for repeated care. Either it will request that the doctor justify the need, or it will cut off care as of a certain date, usually based upon a review by either a doctor or a nurse. In either case, the treating doctor must send in documentation and provide a rationale why additional care is medically necessary. Once again, this must be based upon functional limitations and gains, what additional gains are anticipated, what treatment is being rendered (*frequency and length of anticipated care*), and a projected discharge date.

By definition, medical stability does not mean the patient no longer has pain. Rather it is based upon when the patient has reached a point where additional treatment will not bring about additional improvement. It is often reasonable to release a patient who has minor symptoms, expecting that patient to make additional gains with home exercises provided by the doctor or with the passage of time. If the patient can make progress with more treatment, either by you or referral to another doctor, that patient is not medically stationary.

The response to either an inquiry or denial by an insurance company is that your rationale must include the patient's symptoms, functional limitations, your examination findings, and your opinion either why past care or future care is necessary. The bottom line is that you must make a case that the patient has improved with your care (to justify care to date) and will make additional gains (to justify future care).

It is common that the denial will come from a doctor who has done a paper review. Typically, it is a chiropractor that will make that decision related to chiropractic services from another DC. If your care is reasonable, and you have your "ducks in line" (*detailed history and initial examination, as well as updated examinations, functional index and pain charts, etc.*), you can submit an argument that will justify care. Of course, you will need to provide the case that treatment is reasonable and medically necessary using

various publications, i.e. *Guidelines for Chiropractic Quality Assurance and Practice Parameters, The Croft Whiplash Management Guidelines, your State's Chiropractic and Utilization Guidelines*, as well as others. If you only state that the patient's pain levels and frequency of pain are diminishing, and the fixations/restrictions/subluxations that you find are decreasing, you have little chance to have care approved. You must be knowledgeable of guidelines and parameters and how your case fits into them.

Guidelines have been written for that purpose in mind. You should make it a priority to read and review the different ones crafted for the chiropractic

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profession. If you are following them, the vast majority of your cases will not fall under the scrutiny of a paper review or IME. It should only be the exception that you experience some review by an outside source. If you are finding that your cases do not fit in these parameters, you should do some serious introspection and make changes in your approach to treatment recommendations. Each of us needs to have the attitude to continually strive to better our care, so that the patient receives the best care in the shortest amount of time.

With regard to paper reviews, I have personally found that I can counteract a denial by showing progress in the patient's symptoms, objective findings (typically ROM improvements), and improvements in activities of daily living (ADLs). I typically state these findings, as well as justify my treatment referring to the various studies, demonstrating that care given is reasonable. Additionally, it is wise to state any complicating factors that hinder/retard care. Most study guidelines mention complicating factors that may negatively affect care and justify the need for additional treatment. Thus for the case that has complicating factors or extenuating circumstances, a doctor can make a legitimate argument why the case being denied is not the norm and continuing treatment is warranted. However, you must also give an anticipated discharge date. You cannot leave the patient and the insurance company out in the dark regarding discharge.

In my next segment, I will address the independent medical examination or (IME) as the final part of this particular series of articles.

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