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PI SEMINAR 4 HOURS
Navigating The Pitfalls Of Personal Injury Documentation
Personal injury documentation is crucial in many ways. The quality of documentation can affect the reimbursement for treatment, improve or hurt the patient's financial recovery of losses, and reputation of the doctor and profession in the eyes of the insurance adjutor and attorneys can be won or lost. This seminar is an overview of some of the pitfalls or errors commonly seen in PI documentation. It is uniquely presented from the view of an insurance consultants review process. Each topic will be interspersed with examples seen when performing a utilization review.

OUTLINE
HOUR 1 – Importance of Documentation

1. Introduction
2. Why I Do Reviews
    - Learn Red Flags
    - Street Credibility
    - Help Our Profession

3. Why Documentation
    - The law
    - How We Get Paid
    - Malpractice Protection
    - Professional Communication
        i. Referrals – Speaks to professionalism
        ii. Locum Tenes
            1. Fill in doctor
            2. Multiple doctor clinic
            3. Review process
    - Personal Injury Specific
        i. Legal document
            1. Admissible in court
        ii. Proper representation of patient's injury, progression and possible residuals
        iii. Necessary for legal representation to do their job effectively
        iv. Why a PI case is different than health insurance
            1. Mechanism of Injury
            2. Injury care vs healthcare
            3. Concussions
            4. Documentation needs
            5. Medical legal issues
            6. Treatment of bodily injury only
            7. Probability

4. Utilization Review Process
    - Definition and purpose of utilization review
    - Common red flags that can trigger a review
    - General questions asked regarding reviews
        i. Is chiropractic care necessary
        ii. Does frequency and duration correlate with the diagnosis
        iii. Are the services supported by clinical documentation
        iv. Do daily visit notes document medical necessity

5. Defining and applying medical necessity

6. The History
   Purpose of the History
    a. Necessary for Causal relationship, determine mechanism of injury, subjective complaints, prognostic factors,
    b. Causal Relationship
        i. All causal criteria can be distilled to a minimum of 3 common and essential elements, which are as follows.
            1. There must be a biologically plausible or possible link between the exposure and the outcome.
            2. There must be a temporal relationship between the exposure and the outcome. Such a determination requires an accurate documentation of the signs and symptoms of the condition of interest both before and after the exposure of interest. Additionally, the outcome cannot postdate the exposure by a period that is considered, from a clinical perspective, to be too long or too short to relate the two.
            3. There must not be a more likely or probable alternative explanation for the symptoms.

    c. Mechanism of injury
        i. Mechanism of injury part of the causal relationship and is used to help connect subjective complaints to trauma
            1. Front/side/rear impact
            2. Body position at impact

HOUR 2 – History Continued, Examination & Diagnosis

a. Subjective complaints
    i. Patient complaints should make sense with the description of the incident
        1. Not just spinal
        2. Extremities
        3. Concussion symptoms

b. Prognostic factors/ Negative (DV) prognosticators
    i. Unaware of impending impact – Dr Murphy
    ii. Head turned
    iii. Male vs female
    iv. Obesity

v. Preexisting degenerative conditions
vi. High VAS & NDI

c. Documenting Prior conditions
    i. Injuries
    ii. Surgeries
    iii. WC injury

d. Examination & assessment
    i. Examination
    ii. Based on history and subjective complaints
    iii. Must have enough positive findings to substantiate diagnosis
    iv. Specifics on diagnostic tests
    v. EM code billed appropriate for injury
        1. 2021 Time factor
        2. Medical decision making

e. Diagnosis
    i. Most critical first
        1. Neurological
        2. Strain/sprain
        3. Segmental dysfunction
f. Under Diagnosing
    i. Extra spinal
        1. Foot, knee, hip, hand, wrist, shoulder, rib sprains/fracture, concussion, contusions, lacerations,

HOUR 3 – WAD Classifications, Re-evaluation schedule & SOAP Notes

1. Classification of WAD –
    a. Quebec Task Force
        i. Summary
            1. Criteria for each classification
    b. Croft
        i. Summary
            1. Criteria for each classification

2. Re-examination frequency
    a. 7 days, 3 weeks, 6 weeks
    b. 10-12 visits
    c. A typical initial therapeutic trial of chiropractic care consists of 6 to 12 visits over a 2- to 4-week period, with the doctor monitoring the patient's progress with each visit to ensure that acceptable clinical gains are realized.

3. Treatment & Plan
    a. Treatment must be appropriate to diagnosis
    b. Treatment Guidelines frequency & duration
        i. Croft Guides
        ii. Council on Chiropractic Guidelines and Practice Parameter

iii. Mercy Guidelines

c. Treatment Flow
Based on 2 resources
    i. Australian: Agency for healthcare Quality and Research
    ii. Agency for Healthcare Research and Quality: Guideline Summary NGC 7408

d. Complicating Factors
    a. Croft Guidelines
e. Treatment plan
    a. Common question asked by review company: "Was the doctor's treatment rational apparent?"

f. SOAP NOTES
    a. Purpose of soap notes
    b. What should be included in daily SOAP notes
        i. Document the details

HOUR 4 SOAP Notes continued, Modalities and procedures

1. CMT codes based on CPT manual
    a. Spinal Regions
    b. Extra spinal regions

2. Modalities

3. Passive Modalities
    a. Defined
    b. Major point of contention beyond 3-5 weeks
    c. Three guidelines that include passive modalities and the requirements

4. Constant Attendance Modalities
    a. Definition per CPT manual and American Chiropractic Association

5. Therapeutic Procedures
    a. Definition per CPT manual

6. 3 Modalities/Procedures that will trigger a review
    a. 97112 – neuromuscular reeducation
        i. AMA requirements for medical necessity
        ii. Documenting specific deficits for NMRe
            1. Balance
            2. Coordination
            3. Kinesthetic sense
            4. Proprioception

    b. Spinal decompression traction
        i. S9090 Most health insurance companies consider experimental

1. Insurance companies' critique of presented research

c. Low Level Laser Therapy
    i. Four clinical targets for LLLT

7. Suggestions on what to do for appeal of a denial

RESOURCES

- Utilization Review Accreditation Commission - https://www.aafp.org/fpm/2006/0600/p45.html

Medical Necessity

- https://www.healthcare.gov/glossary/medically-necessary/
- AMA - https://policysearch.ama-assn.org/policyfinder/detail/medical%20necessity?uri=%2FAMADoc%2FHOD.xml-0-2625.xml
- *Segen's Medical Dictionary*.

History

- Pattern Recognition: A Mechanism-based Approach to Injury Detection after Motor Vehicle Collisions *Shaimaa A. Fadl, MBChB Claire K. Sandstrom, MD*
- Dr Daniel Murphy DABCO, Whiplash & Spinal Trauma
- *A Systematic Approach to Clinical Determinations of Causation in Symptomatic Spinal Disk Injury Following Motor Vehicle Crash Trauma - Michael D. Freeman, PhD, MPH, DC, Christopher J. Centeno, MD, Sean S. Kohles, PhD*
- *Whiplash, Real or Not Real. A Review and New Concept, PET and SPECT in Neurology, 2014, pp. 947-963*
- *Neck Strain in Car Occupants: Injury Status After 6 Months and Crash-related Factors, Injury 1994*
- *Sterling M (2014) Physiotherapy management of whiplash-associated disorders (WAD). Journal of Physiotherapy 60: 5–12*
- *Course and Prognostic Factors for Neck Pain in Whiplash-Associated Disorders (WAD), Eur Spine J (2008) 17 (Suppl 1): S83-S92*
- *Walton D, MacDermid J, Giorgianni A, Mascarenhas J, West S, Zammit C. Risk factors for persistent problems following acute whiplash injury: update of a systematic review and meta-analysis. J Orthop Sports Phys Ther. 2013;43:31–43.*
- Radanov BP, Sturzenegger M. The effect of accident mechanisms and initial findings on the long-term outcome of whiplash injury. Journal of Musculoskeletal Pain 1996; 4(4):47-59.
- Tominaga Y; Maak TG; Ivancic PC; Panjabi MM; Cunningham BWHead-turned rear impact causing dynamic cervical intervertebral foramen narrowing: implications for ganglion and nerve root injury. J Neurosurg Spine. 2006; 4(5):380-7 (ISSN: 1547-5654)
- Carstensen TB, Are there gender differences in coping with neck pain following acute whiplash trauma? A 12-month follow-up study. Eur J Pain. 2012 Jan;16(1):49-60. doi: 10.1016/j.ejpain.2011.06.002.
- Motor Vehicle Collision Injuries: Biomechanics, Diagnosis, and Management By Larry S. Nordhoff

Examination

- THE CLINICAL PICTURE: The Clinician's Complete Guide To: Neuromusculoskeletal Evaluation, Initial Consultation & Narrative Report, S.O.A.P. Charting & Documentation, Timothy D. Conwell DC, James J. Lehman DC
- EM Coding - American Medical Association - https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf

Treatment & Plan

- AHRQ, Guideline Summary NGC-7408, Management of whiplash associated disorders
- Practice Guide for the Management of Whiplash-Associated Disorders in Adults - The Canadian Chiropractic Association and the Canadian Federation of Chiropractic Regulatory and Education Accrediting Boards, Clinical Practice Guidelines Development Initiative
- CLINICAL PRACTICE GUIDELINE: CHIROPRACTIC CARE FOR LOW BACK PAIN, Gary Globe, PhD, MBA, DC,a Ronald J. Farabaugh, DC,b Cheryl Hawk, DC, PhD,c Craig E. Morris, DC,d Greg Baker, DC,e Wayne M. Whalen, DC,f Sheryl Walters, MLS,g Martha Kaeser, DC, MA,h Mark Dehen, DC,i and Thomas Augat, DCj

Soap Notes, Passive Modalities

- Bussières et al Journal of Manipulative and Physiological Therapeutics Treatment of Whiplash and Neck Pain Disorders October 2016
- Clinical guidelines for the best practice management of acute and chronic whiplash-associated disorders: Clinical resource guide. South Australian Centre for Trauma and Injury Recovery Inc., 2008
- Practice Guide for the Management of Whiplash Associated Disorders in Adults, June 2010. The Canadian Chiropractic Association and the Canadian Federation of Chiropractic Regulatory and Education Accrediting Boards, Clinical Practice Guidelines Development initiative.