

Personal Injury Treatment Red Flags

I was recently asked to review a file to see if it would be appropriate to perform an impairment evaluation. Since I do a good amount of Independent Medical Evaluations and Impairment Evaluations this was not an unusual request. When I reviewed the file, I was disappointed (but not surprised) to find that the treatments were completely disjointed. Even worse, the reports were computer generated and generic. When I explained the issues to the attorney he commented that he rarely reads the reports or notes until the providers are done treating. While I appreciate the “let the doctor be the doctor” approach, there is a minimal amount of oversight that an attorney can use to assure proper documentation and to reduce red flags. With this in mind, I am going to bullet point some red flags that I regularly see and that I think should be searched for throughout the medical records.

- 1. Computer Generated Reports:** In an age of electronic medical record systems (EMR) we expect some degree of template style reports. However, doctor’s reports should be individualized for the patient and reflect the nature of the exam findings and the conclusions. Beware of reports that are generated from a doctor check list and plugged into a computer. These reports generally look like lists of complaints or diagnosis in tabular format. They also say very little about anything and are of little clinical utility.
- 2. Continued Billing For More Than 3 Modalities:** Typical chiropractic and PT care will include up to 3 modalities per visit. In the initial acute care there may be even 4 modalities. However, as time goes by patients require less care. Prolonged use of multiple modalities without modification (beyond 4-8 weeks) may be a red flag that the patient is getting treated for the doctors needs rather than the patients.
- 3. Visit Charges Far In Excess Of Reasonable:** The initial visit with a doctor or therapist can be several hundred dollars or even more when x-rays are performed. Beyond that, each visit should be billed at a reasonable level. I have seen daily visit charges from \$200-\$500 with no end in sight. Typical therapy charges should be in the range of \$100-\$200/visit for routine management. The services should also taper down as the patient improves.
- 4. Soft Tissue Treatment Exceeds 3 Months:** Active rehabilitation management of connective tissue injuries is usually completed within 3 months. Initial treatment is usually intensive at 3 visits per week for several weeks with tapering off to 2 visits per week and perhaps 1 visit per week. That’s not to say that a patient should be resolved within 3 months but that further rehabilitation care of the same type would likely have already provided it’s maximum benefit. Patients may continue with medical management in the form of medications, home therapy, exercises and periodic doctor evaluations to determine the changing needs or stabilizing nature of an injury.
- 5. Diagnosis and Treatment Do Not Match:** A patient with a diagnosis of a cervical sprain does not require manipulation or modalities to their lower back. The treatment should match the diagnosis.
- 6. Redundant Services:** While chiropractic and PT care are different in many ways they are both rehabilitative in their approach. Both providers can perform similar services. Simultaneous treatment with a PT and DC in the acute and subacute phases of management is often overlapping and duplicative and should be avoided. For clarity, these services are reasonably performed by one provider at the completion of the care provided by the other provider and may enhance outcome.
- 7. Diagnostic Tests That Don’t Match The Injuries:** Just like inappropriate treatment, inappropriate diagnostics should be avoided. MRIs should not be ordered for routine uncomplicated complaints that are responding to management. They should certainly not be ordered everywhere a patient complains. The same is true of other tests like CT scans, bone scans, EMGs, etc. Also beware of doctors ordering diagnostic tests that are not considered generally accepted in the medical community. Tests like surface EMG, para-spinal thermography, spinal ultrasound and current potential threshold testing are examples of tests frequently used but not medically accepted.
- 8. Property Damage and Treatment Don’t Match:** In most people’s mind, there should be a relationship between injury and property damage. When the treatment goes beyond that expected for the injury mechanism, the doctor should pre-empt any challenges by explaining why his particular patient required more care than would be expected (eg. Diabetic, Rheumatoid, etc.)