Workers' Compensation Utilization Review Checklists: Successfully Navigating the Utilization Review (UR) and Independent Medical Review (IMR) Systems

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COA 2015

Or…how to make a broken system works as well as it can…

Disclosures

- **The following relationships exits:**
  1. **Royalties and stock options-none**
  2. **Consulting income-none**
  3. **Research and education support-Funding SIMR research support**
  4. **Other support**
     - No conflict related to this talk

Traditional authorization

- Reasonable requests authorized by adjuster
- Rare requests submitted for discussion
- Worked well, except for well-published outliers

Changed in January 2013

- Virtually all treatment requests required an RFA (request for authorization)
- No form, no service
- Then submitted to IMR (independent medical review)
- By law,
  - five day response time required
  - Peer to peer request required within 5 day timeline
  - “published guidelines” required to dispute treatment

DWC

- Department of Worker's Comp entrusted by State to enforce these rules penalties are in place
- Not being done
  - No funding
  - When does the clock start?
- Increasingly a system where authorization is deliberately made difficult to impede care
- "20% of all denied cases are never appealed" standard industry figure
- No penalties are currently being enforced

UR

- UR often:
  - Denies outside guidelines
  - Calls for peer to peer 12 hours before five days, and then states “didn’t call back” an hour later and submits denial
  - Denies based on wrong diagnosis
  - Asks for more records from provider
    - Carrier not required to provide these
    - Then denies based on lack of records

UR

- Envisioned as a process to eliminate unnecessary surgeries
- Ended up as a mechanism to deny care
- Examples: 38 y/o male, injury 7/16/14
  - Significant adhesive capsulitis
  - 11/5/14 failed non-operative tx-RFA submitted
  - Peer review 11/12 no return call X4
  - Denied 11/14 no reason
  - 12/12 second peer review multiple attempts, including getting a fax number to call-reviewer agreed w/in ACOEM guidelines
  - 12/14 denied anyway
  - 1/6/15 finally authorized
- Two months TD for nothing-no penalties

Can you win this battle?

- Unlikely, but…
- Try to stack the deck in your favor

Strategies to improve your success rate

- Know the ODG guidelines, and be sure your requests fall within them
- Available for COA members at ODG website www.worklossdata.com
- Be sure all info needed is on the last PR-2, as reviewer (at best) will only read this

Use the Utilization review checklists

- New from COA-knee, shoulder, neck
- Quick system to be sure all “eyes dotted and t’s crossed”
- Make sure your schedulers have these

Office Space Leasing

Annual Meeting/
QME Course

Discussion Forums

QME Audio/Online
Courses

Online Category 1 CME
Courses/Videos

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COA Report

Cal Ortho On-Line

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OKU 10 Study Flashcards – Available only from COA

COA is pleased to offer orthopaedic surgeons a new study tool to help you prepare for your Maintenance of Certification (MOC) or to pass your initial Boards. These comprehensive flashcards, prepared by COA members, have been updated to cover all chapters in OKU-10.

The flashcards are based on information and illustrations contained in OKU-10. The American Academy of Orthopaedic Surgeons has given COA permission to use this information, but the AAOS was not involved in the development of the flashcards; nor, do they endorse the software applications used to make the flashcards available. All orders for the flashcards, must be ordered through COA.

- Download Flyer
- View Sample Flash Cards
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Utilization Review Checklists NEW

Tools to improve UR documentation requirements in an effort to obtain more timely authorization of requested medical services.

View Checklists

ICD-10 "Top Orthopedic ICD-10 Reference Cards" NEW

These ten Reference Cards cover nearly 500 of the most common orthopaedic conditions. The laminated cards have been developed in such a way, so that orthopaedic surgeons and practice staff can view related conditions at a glance. A time-saving tool as you prepare for the transition from ICD-9 to ICD-10. Developed in collaboration with Newport Medical Solutions. Available only through COA.

Download Flyer

Calendar of Events

COA 2015 Annual Meeting/ QME Course C-Bones Annual Meeting April 23-26, 2015

Renaissance Indian Wells Resort & Spa, Indian Wells (Palm Springs area)

Meeting information

Workers' Comp Changes / ICD-10 Implementation Online Course

Online Registration
Downloadable Registration Form

ICD-10 Reference Cards Order Form

California Orthopaedic Associa

Utilization Review Checklists

rs' Compensation Committee created these Utilization Review Checklist
edic services by UR or by the Maximus IMR. We believe that these che
formation that will be needed by UR reviewers.

- Plantar Fascitis
- Tarsal Tunnel Syndrome

gnosis of Partial RCT

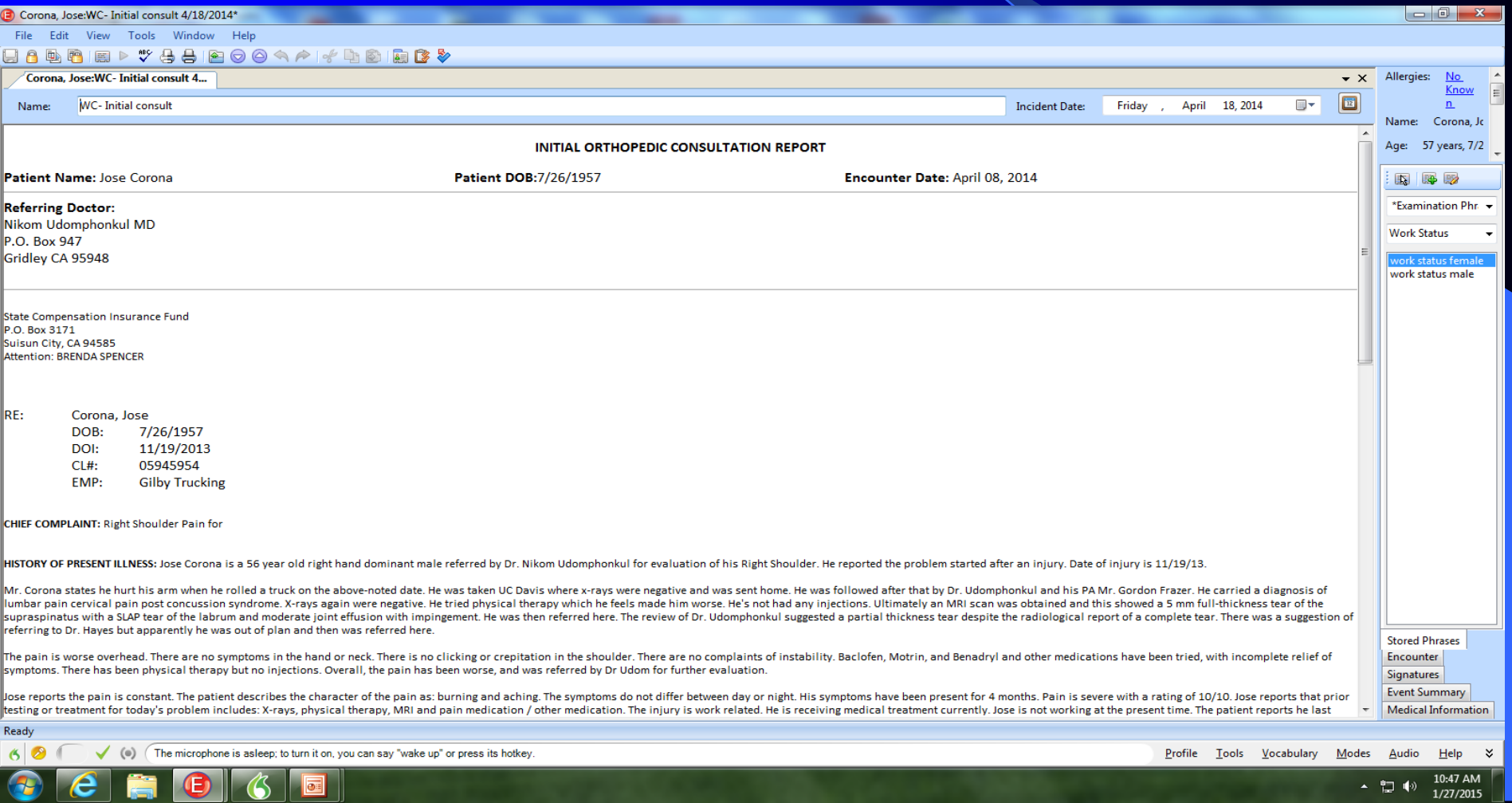
Workers' Compensation Utilization Review Checklist

ASD with Diagnosis of Partial RCT or Impingement Syndrome

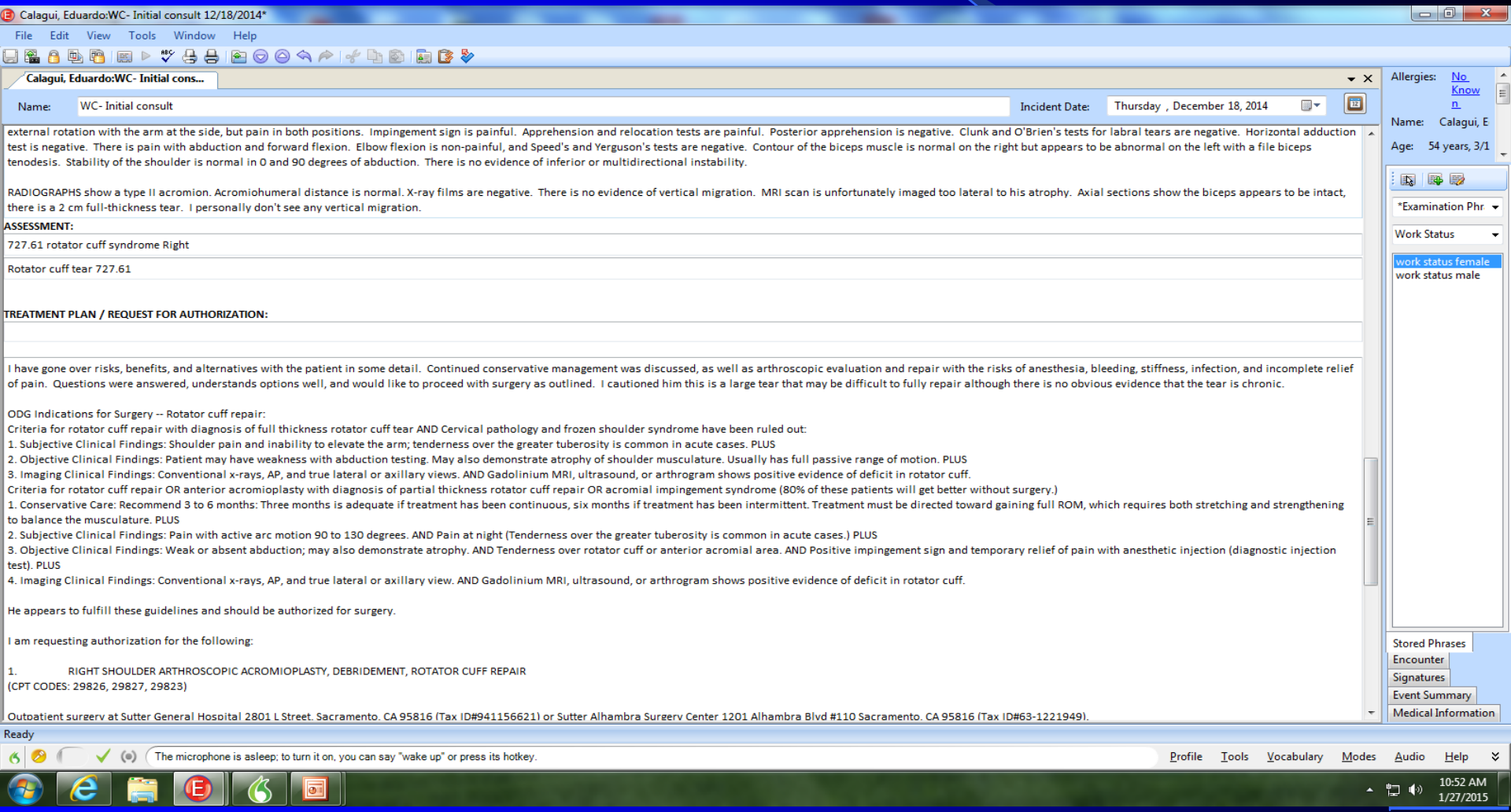
_____ Claim #: _____

artial RCT or impingement syndrome	Present if checked
treatment (PT) –document # of visits	
ous treatment	
degrees	
enderness over GT	
on	
he rotator cuff or anteriorly AND	
ent signs (Neers, Hawkins)	
ocal injection	

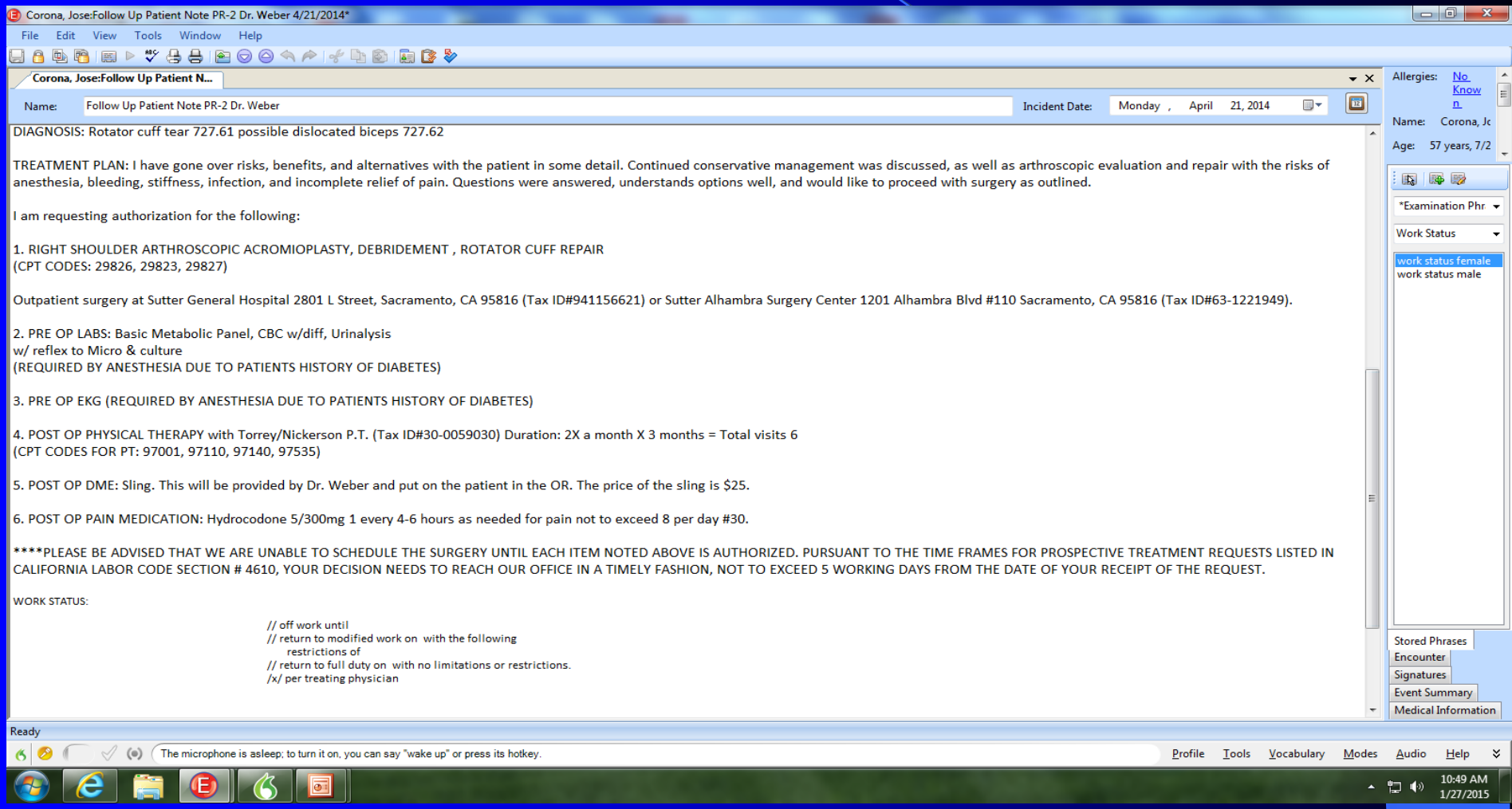
Make your EHR work for you



Paste ODG guidelines into initial request



Paste RFA into PR-2



What to do if UR denies

- Five day time limit not currently being penalized by DWC despite written legislation
- Call adjuster
- Ask to speak to peer review
- Often can overturn UR decision if they are forced to admit guidelines were not followed
- Adjuster can override UR if permitted by carrier
- Many carriers will not override

What's next…IMR

- Independent Medical Review (IMR) started July 2013
- Envisioned as a system independent of either workers or carriers
- Maximus, which had done Medicare reviews contracted

Rules

- Worker, not doctor must apply within 30 days of denial
- Unappealable after this
- Well understood by industry that this would increase UR denials by forcing workers to do IMR, and then miss deadline, resulting in case closed

One year later…

- 85 days ON AVERAGE to process
  - This means ½ are even worse
- Often decided absent any reasonable guidelines
- Completely opaque
- Amazingly enough, rehired!
- Hard to imagine this performance warrants another contract

Maximus

- Promised to catch up
  - Minimal quality reviews to increase volume
  - Overwhelmingly sides with carrier
  - Still not routinely using any published guidelines
- NEW may appeal delay at 45 days
- **Toll free:** 1-855-865-8873
  Fax: (916) 605-4270
  Email: IMRhelp@maximus.com

Example-Maximus

- UR denial 8/23/13
- Request for viscosupplimentation submitted to Maximus 9/9/13
- Request completely within ODG guidelines
- Denial “date” 1/30/14
- Received in our office 2/25/14
- No guidelines followed
- Sucessfully authorized for TKR

Summary

- Current system is broken
- DWC needs to enforce penalties with fines for exceeding legislated time limits for UR/IMR for any change
- COA actively corresponding with DWC
- Use the UR process effectively
  - ODG guidelines
  - COA checklists
  - Use your EHR
  - Appeal
- Try to keep from IMR-currently not effective