

# 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 exist:**
  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](http://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

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QME Course

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OPAC - Political Action

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Resources

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Patient Information

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**2015**  
**ANNUAL MEETING  
QME COURSE**  
**C-BONES ANNUAL MEETING**  
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**April 23-26**  
**Renaissance Indian Wells Resort & Spa**  
**Indian Wells, CA (Palm Springs Area)**

### 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](#)
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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.

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### 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 /  
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[Online Registration  
Downloadable  
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# CALIFORNIA ORTHOPAEDIC ASSOCIATION

## Utilization Review Checklists

The Association's Compensation Committee created these Utilization Review Checklists to assist in the review of orthopaedic services by UR or by the Maximus IMR. We believe that these checklists contain the information that will be needed by UR reviewers.

[Diagnosis of Partial RCT](#)

◆ [Plantar Fascitis](#)

◆ [Tarsal Tunnel Syndrome](#)

# Workers' Compensation Utilization Review Checklist

## ASD with Diagnosis of Partial RCT or Impingement Syndrome

Claim #: \_\_\_\_\_

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

# Make your EHR work for you

Corona, Jose:WC- Initial consult 4/18/2014\*

File Edit View Tools Window Help

Corona, Jose:WC- Initial consult 4...

Name: WC- Initial consult Incident Date: Friday, April 18, 2014

Allergies: [No](#), [Know](#), [n](#)

Name: Corona, Jc

Age: 57 years, 7/2

**INITIAL ORTHOPEDIC CONSULTATION REPORT**

**Patient Name:** Jose Corona **Patient DOB:** 7/26/1957 **Encounter Date:** April 08, 2014

**Referring Doctor:**  
Nikom Udomphonkul MD  
P.O. Box 947  
Gridley CA 95948

State Compensation Insurance Fund  
P.O. Box 3171  
Suisun City, CA 94585  
Attention: BRENDA SPENCER

RE: Corona, Jose  
DOB: 7/26/1957  
DOI: 11/19/2013  
CL#: 05945954  
EMP: Gilby Trucking

**CHIEF COMPLAINT:** Right Shoulder Pain for

**HISTORY OF PRESENT ILLNESS:** Jose Corona is a 56 year old right hand dominant male referred by Dr. Nikom Udomphonkul for evaluation of his Right Shoulder. He reported the problem started after an injury. Date of injury is 11/19/13.

Mr. Corona states he hurt his arm when he rolled a truck on the above-noted date. He was taken UC Davis where x-rays were negative and was sent home. He was followed after that by Dr. Udomphonkul and his PA Mr. Gordon Frazer. He carried a diagnosis of lumbar pain cervical pain post concussion syndrome. X-rays again were negative. He tried physical therapy which he feels made him worse. He's not had any injections. Ultimately an MRI scan was obtained and this showed a 5 mm full-thickness tear of the supraspinatus with a SLAP tear of the labrum and moderate joint effusion with impingement. He was then referred here. The review of Dr. Udomphonkul suggested a partial thickness tear despite the radiological report of a complete tear. There was a suggestion of referring to Dr. Hayes but apparently he was out of plan and then was referred here.

The pain is worse overhead. There are no symptoms in the hand or neck. There is no clicking or crepitation in the shoulder. There are no complaints of instability. Baclofen, Motrin, and Benadryl and other medications have been tried, with incomplete relief of symptoms. There has been physical therapy but no injections. Overall, the pain has been worse, and was referred by Dr Udom for further evaluation.

Jose reports the pain is constant. The patient describes the character of the pain as: burning and aching. The symptoms do not differ between day or night. His symptoms have been present for 4 months. Pain is severe with a rating of 10/10. Jose reports that prior testing or treatment for today's problem includes: X-rays, physical therapy, MRI and pain medication / other medication. The injury is work related. He is receiving medical treatment currently. Jose is not working at the present time. The patient reports he last

Stored Phrases

- Encounter
- Signatures
- Event Summary
- Medical Information

Ready

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Profile Tools Vocabulary Modes Audio Help

10:47 AM  
1/27/2015

# Paste ODG guidelines into initial request

Calagui, Eduardo:WC- Initial consult 12/18/2014\*

File Edit View Tools Window Help

Calagui, Eduardo:WC- Initial cons...

Name: WC- Initial consult Incident Date: Thursday, December 18, 2014

external rotation with the arm at the side, but pain in both positions. Impingement sign is painful. Apprehension and relocation tests are painful. Posterior apprehension is negative. Clunk and O'Brien's tests for labral tears are negative. Horizontal adduction test is negative. There is pain with abduction and forward flexion. Elbow flexion is non-painful, and Speed's and Yerguson's tests are negative. Contour of the biceps muscle is normal on the right but appears to be abnormal on the left with a file biceps tenodesis. Stability of the shoulder is normal in 0 and 90 degrees of abduction. There is no evidence of inferior or multidirectional instability.

RADIOGRAPHS show a type II acromion. Acromiohumeral distance is normal. X-ray films are negative. There is no evidence of vertical migration. MRI scan is unfortunately imaged too lateral to his atrophy. Axial sections show the biceps appears to be intact, there is a 2 cm full-thickness tear. I personally don't see any vertical migration.

**ASSESSMENT:**

727.61 rotator cuff syndrome Right

Rotator cuff tear 727.61

**TREATMENT PLAN / REQUEST FOR AUTHORIZATION:**

I have gone over risks, benefits, and alternatives with the patient in some detail. Continued conservative management was discussed, as well as arthroscopic evaluation and repair with the risks of anesthesia, bleeding, stiffness, infection, and incomplete relief of pain. Questions were answered, understands options well, and would like to proceed with surgery as outlined. I cautioned him this is a large tear that may be difficult to fully repair although there is no obvious evidence that the tear is chronic.

**ODG Indications for Surgery -- Rotator cuff repair:**

Criteria for rotator cuff repair with diagnosis of full thickness rotator cuff tear AND Cervical pathology and frozen shoulder syndrome have been ruled out:

1. Subjective Clinical Findings: Shoulder pain and inability to elevate the arm; tenderness over the greater tuberosity is common in acute cases. PLUS
2. Objective Clinical Findings: Patient may have weakness with abduction testing. May also demonstrate atrophy of shoulder musculature. Usually has full passive range of motion. PLUS
3. Imaging Clinical Findings: Conventional x-rays, AP, and true lateral or axillary views. AND Gadolinium MRI, ultrasound, or arthrogram shows positive evidence of deficit in rotator cuff.

Criteria for rotator cuff repair OR anterior acromioplasty with diagnosis of partial thickness rotator cuff repair OR acromial impingement syndrome (80% of these patients will get better without surgery.)

1. Conservative Care: Recommend 3 to 6 months: Three months is adequate if treatment has been continuous, six months if treatment has been intermittent. Treatment must be directed toward gaining full ROM, which requires both stretching and strengthening to balance the musculature. PLUS
2. Subjective Clinical Findings: Pain with active arc motion 90 to 130 degrees. AND Pain at night (Tenderness over the greater tuberosity is common in acute cases.) PLUS
3. Objective Clinical Findings: Weak or absent abduction; may also demonstrate atrophy. AND Tenderness over rotator cuff or anterior acromial area. AND Positive impingement sign and temporary relief of pain with anesthetic injection (diagnostic injection test). PLUS
4. Imaging Clinical Findings: Conventional x-rays, AP, and true lateral or axillary view. AND Gadolinium MRI, ultrasound, or arthrogram shows positive evidence of deficit in rotator cuff.

He appears to fulfill these guidelines and should be authorized for surgery.

I am requesting authorization for the following:

1. RIGHT SHOULDER ARTHROSCOPIC ACROMIOPLASTY, DEBRIDEMENT, ROTATOR CUFF REPAIR (CPT CODES: 29826, 29827, 29823)

Outpatient surgery at Sutter General Hospital 2801 L Street, Sacramento, CA 95816 (Tax ID#941156621) or Sutter Alhambra Surgery Center 1201 Alhambra Blvd #110 Sacramento, CA 95816 (Tax ID#63-1221949).

Ready

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Profile Tools Vocabulary Modes Audio Help

10:52 AM 1/27/2015

Allergies: No Known  
Name: Calagui, E  
Age: 54 years, 3/1  
\*Examination Phr  
Work Status  
work status female  
work status male  
Stored Phrases  
Encounter  
Signatures  
Event Summary  
Medical Information



# Paste RFA into PR-2

Corona, Jose:Follow Up Patient Note PR-2 Dr. Weber 4/21/2014\*

File Edit View Tools Window Help

Corona, Jose:Follow Up Patient N...

Name: Follow Up Patient Note PR-2 Dr. Weber Incident Date: Monday, April 21, 2014

Allergies: [No Known](#)

Name: Corona, Jose

Age: 57 years, 7/2

\*Examination Phr

Work Status

work status female

work status male

Stored Phrases

Encounter

Signatures

Event Summary

Medical Information

DIAGNOSIS: Rotator cuff tear 727.61 possible dislocated biceps 727.62

TREATMENT PLAN: I have gone over risks, benefits, and alternatives with the patient in some detail. Continued conservative management was discussed, as well as arthroscopic evaluation and repair with the risks of anesthesia, bleeding, stiffness, infection, and incomplete relief of pain. Questions were answered, understands options well, and would like to proceed with surgery as outlined.

I am requesting authorization for the following:

1. RIGHT SHOULDER ARTHROSCOPIC ACROMIOPLASTY, DEBRIDEMENT, ROTATOR CUFF REPAIR (CPT CODES: 29826, 29823, 29827)

Outpatient surgery at Sutter General Hospital 2801 L Street, Sacramento, CA 95816 (Tax ID#941156621) or Sutter Alhambra Surgery Center 1201 Alhambra Blvd #110 Sacramento, CA 95816 (Tax ID#63-1221949).

2. PRE OP LABS: Basic Metabolic Panel, CBC w/diff, Urinalysis w/ reflex to Micro & culture (REQUIRED BY ANESTHESIA DUE TO PATIENTS HISTORY OF DIABETES)
3. PRE OP EKG (REQUIRED BY ANESTHESIA DUE TO PATIENTS HISTORY OF DIABETES)
4. POST OP PHYSICAL THERAPY with Torrey/Nickerson P.T. (Tax ID#30-0059030) Duration: 2X a month X 3 months = Total visits 6 (CPT CODES FOR PT: 97001, 97110, 97140, 97535)
5. POST OP DME: Sling. This will be provided by Dr. Weber and put on the patient in the OR. The price of the sling is \$25.
6. POST OP PAIN MEDICATION: Hydrocodone 5/300mg 1 every 4-6 hours as needed for pain not to exceed 8 per day #30.

\*\*\*\*PLEASE BE ADVISED THAT WE ARE UNABLE TO SCHEDULE THE SURGERY UNTIL EACH ITEM NOTED ABOVE IS AUTHORIZED. PURSUANT TO THE TIME FRAMES FOR PROSPECTIVE TREATMENT REQUESTS LISTED IN CALIFORNIA LABOR CODE SECTION # 4610, YOUR DECISION NEEDS TO REACH OUR OFFICE IN A TIMELY FASHION, NOT TO EXCEED 5 WORKING DAYS FROM THE DATE OF YOUR RECEIPT OF THE REQUEST.

WORK STATUS:

// off work until  
// return to modified work on with the following restrictions of  
// return to full duty on with no limitations or restrictions.  
/x/ per treating physician

Ready

The microphone is asleep; to turn it on, you can say "wake up" or press its hotkey.

Profile Tools Vocabulary Modes Audio Help

10:49 AM  
1/27/2015

# What to do if UR denials

- 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  $\frac{1}{2}$  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](mailto:IMRhelp@maximus.com)**

# Example-Maximus

- UR denial 8/23/13
- Request for viscosupplementation 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
- Successfully 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