

# What Payors Don't Pay

COA 2011 Annual Meeting

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# Utilization Management (UM) only reviews for Medical Necessity

- UM Registered Nurses review your medical notes and compare your request to the ACOEM/MTUS guidelines
- Goal is functional restoration, not absence of pain
  - There is no procedure to fix Pain, only procedures to fix anatomical deficits that correlate with symptoms and diagnostic findings
  - Successful surgery or trials are evidenced by:
    - **Increased ability to walk/lift/bend**
    - **Increased ability to stay at work for longer periods**
    - **Increased ability to participate in active PT**
    - **Decreased need for PO medication for pain control**
    - **Decreased need for follow-up procedures**

# UM only knows what you send us

- Note limitations of function deficits of ADLs
- Documentation is key
  - Major Joints
    - Range of Motion (degrees of Flexion)
    - Strength (5/5)
    - Signs & Symptoms (catching, giving way, buckling)
  - Spine
    - Radiculopathy
    - Strength, sensation, coordination, reflexes

# Correlation of findings

Procedure	Patient Complaints	Physician Clinical Exam	Diagnostics
Physical Therapy (considering 24 CAP and post surgical guidelines)	1) What is the ROM at the start of treatment & end goal? 2) Is patient increasing ROM at each visit moving toward goal?		
Epidural Steroid Injections	Shooting pain, weakness	Radicular pain in dermatomal distribution	MRI with same side same level disc herniation
Discectomy	Shooting pain, inability to perform ADLs, failed active PT	Radicular pain in dermatomal distribution	EMG/NCS & MRI with same side same level disc herniation
Decompression of Shoulder	Activity limitations, weakness X 3 mths	↓ Abduction, weakness, ↓ IR/ER	MRI correlation & failed conservative care
Meniscal tear	Inability to walk normally popping, locking, giving way	↓ Flexion, + McMurray or provocative testing	MRI of tear unless obvious locking