

DOCTOR NEWSLETTER NO. 2: EFFECTIVE REPORT WRITING II

EFFECTIVE REPORT WRITING INCREASES SUCCESS RATE IN PERSONAL INJURY CASES

This is the second in a series of articles designed to help chiropractors write effective reports in personal injury claims. It completes our discussion of the more fundamental aspects of such reports from the perspective of attorneys who routinely utilize such reports to negotiate fair settlements of those claims. After handling over 7000 such cases, we know that good results still can be achieved for personal injury clients and that doctors can be well paid for services provided in those personal injury claims (which is now more relevant than ever in light of the limitations currently being implemented on chiropractic treatment in the workers' compensation arena). Those results are greatly assisted by the quality of the doctor's reports. Note: Our last newsletter on this topic (Spring 2004) addressed those aspects of your narrative reports dealing with: (a) initial description of injury; (b) initial physical examination; (c) history of prior injuries; and, (d) initial discussion of diagnosis (we will pick up again on this topic in this article). Copies of our Spring 2004 newsletter are available at this site. .

OVERVIEW

In case you did not receive the last installment, we wish to repeat that the reports we are referring to, of course, are final narrative reports prepared after completion of the patient's treatment in a personal injury claim. They involve patients treated on a "lien basis," in which your bills are due to be paid upon settlement of the patient's personal injury claim. For that reason, you should always work with an attorney who will give you a sound appraisal of the patient's claim before you commit a great deal of your time and resources. No amount of effective report writing will result in payment on a personal injury case if the patient you are treating on a lien basis was at fault for the accident! The attorney you work with should be diligent in alerting you at the very start of any problem (such as who was at fault) that could affect your decision to treat a patient on a lien basis. That attorney should also be glad to assist you in other matters related to the protection of your lien, as well as helping on med-pay issues and the like.

DIAGNOSIS & DISCUSSION OF FINDINGS AND TREATMENT

By this stage you are familiar with, and have recorded relevant details of the accident and injuries presented by your patient. You have also conducted your initial physical examination, taken the necessary diagnostic studies, and have recorded the patient's history of prior injury. It is imperative, of course, that a separate written diagnosis of the patient be provided in your report (failing to do so virtually will guarantee rejection of your bills). We recommend that a brief narrative diagnosis be used in conjunction with current ICD-9 coding. Further, while we will examine computer assisted claims software such as "Colossus" in future issues, it is sufficient to say that virtually all claims software utilized by the insurers will reject your claim, should the written diagnosis not be accompanied by the corresponding ICD-9 code. For obvious reasons, it is also highly recommended that in your discussion you make reference wherever possible to objective findings being consistent with subjective complaints. A nice statement laying out the discussion of findings would encompass a nice succinct statement about the relation of objective findings and subjective complaints. For example, "Upon examination, the patient displayed objective findings consistent with subjective complaints." Usually it is sufficient in your discussion of treatment, to simply state that, after examination of the patient, recommendations were made concerning a course of treatment which was described to the patient, and then initiated. For example, "a course of physical

therapy was begun, consisting of use of hot/cold packs, electrical muscle stimulation, ultrasound, massage and specific chiropractic manipulations.” It is important, naturally, that the stated course of treatment was in fact followed and documented in the SOAP notes, which should be legible and well maintained. We recognize that each chiropractic doctor may have his/her own preference for keeping SOAP notes; we simply encourage that they be legible, well maintained, and reflect all the elements of such notes (and not become just “S” notes), and that they reflect and are consistent with your course of treatment as stated in your final report.

FINAL EXAMINATION

From our perspective, the most effective way to present your final examination, which, of course, should be very comprehensive, is to do so along side the results obtained from similar tests in the initial examination. Naturally, this communicates more readily the improvements made from your treatment, as well as helping to highlight any areas of residual problems. Some doctors prefer to state the results obtained in the final examination and place below that (or in parenthesis) the earlier results from the initial examination. Either way, a useful and obvious comparison is made. Although it is obvious, we wish to emphasize that it is useful to provide an opinion in your final report to the effect that the patient’s injuries were caused by the automobile accident. One way of stating this, would be to incorporate a statement such as, “In my opinion, based on examination findings and subjective complaints; the injuries herein referenced were caused by the incident of_” Of course, use of and citation to appropriate scientific journals and studies are very helpful as well, so much so, in fact, that we would prefer to devote a separate article to that in the future in our newsletter.

PROGNOSIS

Where the prognosis for the patient is excellent or good, we welcome a clear statement to that effect. Where it is guarded, or otherwise appropriate, we find that most chiropractors do a good job of explaining how, as with all traumatic spinal and soft-tissue injuries, the integrity of the patient’s structure has been compromised and future exacerbation is likely, especially given the routine and necessary activities of many patients. Some reports do so at greater length than others, explaining the effects of scar-tissue in hyperflexion/hyperextension injuries, and the manner in which the paraspinal soft-tissue supporting structures (muscles, ligaments and tendons) may be impaired in such a way as to result in loss of function and predisposition to future problems. We find such discussion very helpful in our handling of such claims, especially where it is case-specific to the individual patient being reported on. In many instances, however, we find that chiropractors frequently omit a reasonable estimate of the nature, extent and cost of future treatment required. Such estimates, stated in your report to “a medical (chiropractic) probability,” have enabled us to obtain better settlements in a number of claims. When utilized, they should describe the condition(s) that necessitate the treatment, an estimate of the duration of such treatment, and where possible, an estimate of the number of visits and cost per visit. We recognize, of course, that the ability to estimate such matters, as well as estimates themselves, may differ greatly from patient to patient.