MD Speak

A note on experimental treatments

By Summit Medical Director Karen Olson, M.D., M.S.P.H, C.I.M.E., C.H.C.Q.M.

In general, state workers’ comp laws prohibit us from approving treatments that have been designated as experimental or under study. They are prohibited either by a specific statute or regulation, or because these treatments are not considered reasonably necessary.

To determine whether or not a treatment is considered experimental or is under study, we refer to the Official Disability Guidelines (ODG). One example of this type of treatment is platelet-rich plasma (PRP) therapy, which is gaining in popularity. In PRP therapy, the patient is injected with his own enriched blood plasma at the injury site.

ODG breaks down PRP therapy by body location. See the box to the right for ODG’s evaluation of this treatment for the elbow and shoulder.

If you have questions about PRP therapy or other experimental treatments, please feel free to contact me or Dr. Phillips.

Platelet-rich plasma (PRP), Elbow—Under study

Further evaluation of this novel treatment is warranted.... Rigorous studies of sufficient sample size...are needed to determine long-term effectiveness and safety, and whether these techniques can play a definitive role in the management of LE and other tendinopathies....Treatment with PRP is still considered investigational and further research is needed before it can be made available to the general population.

Platelet-rich plasma (PRP), Shoulder—Not recommended

PRP looks promising, but it is not yet ready for prime time. PRP has become popular among professional athletes because it promises to enhance performance, but there is no science behind it yet. In a blinded, prospective, randomized trial of PRP vs. placebo in patients undergoing surgery to repair a torn rotator cuff, there was no difference in pain relief or in function. The only thing that was significantly different was the time it took to do the repair; it was longer if you put PRP in the joint. There were also no differences in residual defects on MRI.
Major injuries deserve special treatment

A laceration or broken bone can create significant problems for many injured workers—and we always strive to work with these patients with the empathy and care they deserve. Even more serious are those patients with catastrophic injuries, who usually face life-altering and long-term repercussions.

At Summit, we believe these patients need even more compassionate attention than our typical injured worker. Jean Adelmeyer manages our catastrophic claims unit, and below she shares Summit’s approach to these major, and often devastating, injuries.

Immediate on-site response
When a catastrophic injury occurs, we immediately dispatch a field nurse to the hospital. This nurse is primarily there to facilitate communication between our office staff and the medical personnel handling the injury. Rather than wait for medical information and insurance approvals through the typical channels, the field nurse acts as the liaison to help speed up the process. This person is also there to walk through the claim process with the injured worker and/or family members who may be present.

Internal communications
When working on a catastrophic claim within Summit, we also expedite our typical communication processes by immediately dispatching outside adjustors to investigate the location where the injury occurred and notifying all appropriate internal departments of the situation. This way, our people have all of the background information for the case and are ready to respond as needed.

Long-term involvement
With catastrophic claims, Summit is usually involved in the case until the claim settles (in certain states). In the case of a settlement, we try to give the benefit of annuities, which protect the patient by giving them a steady future income. In the case of a death, our adjustors are specially trained to handle any applicable death-benefit payment(s) to eligible dependent(s).

Working together with you
Our team shares your goal of providing patients with the best medical care for their work-related injuries.

If you have concerns or questions about any issue related to a catastrophic claim, please call our office or the field nurse assigned to the case.

Medical situations immediately referred to the catastrophic unit
- Amputation
- Blindness
- Burns involving at least 25% of the body surface
- Major head injury
- Massive internal injuries
- Multiple fractures
- Multiple traumas
- Spinal cord injury
- Stroke

Injuries red-flagged for catastrophic possibility
- Chemical exposure/inhalation cases
- Exposure to major communicable diseases such as HIV, hepatitis, TB or rabies
- Ground or air ambulance transport
- Hospitalizations, especially involving emergency surgery
- Exposure to body fluids, such as needle sticks or human bites
Medicare and claim settlement, part 2

In the last issue of The Heritage News, we shared one of the most common problems we face in settling cases with injured workers: the Medicare set-aside (MSA) that drives up the cost of settlement.

As we mentioned, in certain circumstances workers’ comp insurers who settle a claim with a Medicare beneficiary must pay an additional settlement amount (to cover Medicare’s future anticipated medical and prescription costs for the workers’ comp injury). This is usually referred to as the Medicare set-aside, and the amount is determined on a case-by-case basis. MSAs in excess of $25,000 must be reviewed by Medicare’s agent, the Centers for Medicare and Medicaid Services (CMS), and settlement is usually contingent on CMS approval of the MSA amount.

Unfortunately, CMS often requires exorbitant MSA increases, based on their sometimes skewed projection of future medical and prescription costs. The end result of such faulty reasoning is often a negation of the entire settlement—an unfortunate event for all parties. (Check out a few real-life examples to the right.)

The bottom line is that we need your help to resolve these cases—and it’s simply a matter of documentation. If you don’t intend for a patient to remain on a narcotic painkiller for the rest of his or her life, please put it in writing and include your plan to taper off the patient’s usage of the drug. Likewise, if you recommend a costly treatment such as a spinal cord stimulator or morphine pump, and then later change your recommendation, please document it, and the reason for your adjustment to the treatment plan.

Without full documentation of prescription drugs or other treatment intentions, it’s sometimes impossible for us to reach a settlement once Medicare becomes involved. And a settlement is often just what the patient needs to move on with life.

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Actual MSA case examples

**Case 1**
*Female in her mid-30s, lumbar spine injury*

**Diagnosis:** Chronic lumbar spine pain, at maximum medical improvement

**Proposed indemnity settlement:** $23,000

**MSA required by Medicare:** $297,066, including $238,775 for prescription drug costs for 36 years of Lorcet 10/650, Cymbalta and Lunesta

**Case 2**
*Male in his late 40s, second story fall*

**Diagnosis:** Fractured L1 vertebrae and pelvis

**Proposed indemnity settlement:** $227,380

**MSA required by Medicare:** $195,345, including 32 years of Gabapentin at $105,062

**Case 3**
*Male in his early 60s, lower back pain while bending*

**Diagnosis:** Disc herniation and bilateral lumbar radiculopathy

**Proposed indemnity settlement:** $80,947

**MSA required by Medicare:** $95,832, including $71,779 for a spinal cord stimulator that was mentioned as a possible treatment, but ultimately decided against
Dealing with insurance companies to review health care decisions for patients can be understandably frustrating for physicians. Our on-staff medical directors, Dr. Karen Olson and Dr. Ken Phillips, work diligently to ensure that treatment reviews are handled efficiently. But both readily agree that when making these decisions for Summit, they may need outside help. Like you, they are experts in their specialties, but will always refer a case when it is outside their area of training and experience.

The process
In peer-reviewed cases, we always take into account that you as the treating physician have actually seen the patient, and that we might have missed some piece of information that changes the picture. Normally, we’re just looking for more information to support our decision. (This is especially true in litigated cases.) Peer review ultimately gives the benefit of another opinion by another qualified specialist to everyone involved with the case.

The purpose of peer review is usually to determine the medical necessity and appropriateness of a contemplated service. Sometimes it may also involve an impairment rating or a designation of maximum medical improvement.

In fact, many states now require some sort of peer review process for workers’ compensation claims. Without such a process, Summit would not be in compliance with certain state rules. However, remaining compliant with state regulations is a responsibility we don’t take lightly. That’s why for nearly two decades we have contracted with Dr. Joel Grossman and his team at South Florida Utilization Review.

Dr. Grossman’s team
South Florida Utilization Review is a URAC-accredited Independent Review Organization. The company contracts with more than 175 physician advisors, including board-certified specialists. These doctors represent every specialty listed by the American Board of Medical Specialties. They are credentialed every two years, and only review cases within their respective fields of experience and training.

Dr. Grossman and his network of doctors provide an outside opinion for us before we make approval decisions. A physician in the appropriate specialty will review the recommended treatment or procedure, and present any questions that arise to the treating physician. The treating doctor always has the opportunity to speak with the reviewer and discuss the case.

South Florida Utilization Review also provides Summit with bill review services. Typically the company reviews bills greater than $50,000 (normally for hospital surgical care). They check to be sure that codes are correct, and that bills are accurate and appropriate for services provided.

This service helps expedite our internal bill payment process because our payors know that the bills we get back from them are ready to be paid.

If you have any questions about a peer-reviewed case, please contact Dr. Olson or Dr. Phillips.
About South Florida Utilization Review

South Florida Utilization Review is a member of the National Association of Independent Review Organizations and is an URAC-accredited Independent Review Organization (one of only 30 such companies in the nation).

They provide physician advisor reviews; quality assurance projects; and hospital, surgical, and ambulatory surgery center bill analysis and negotiation.

For workers’ compensation reviews, the company has network specialists in orthopedics, neurology, spine surgery, neurosurgery, pain management and anesthesiology, physical medicine and rehabilitation, psychiatry, chiropractic, and all other work-related and group health specialties. Physicians are credentialed every two years.

In March of this year, the company celebrated 25 years in business.

South Florida Utilization Review offers their services to insurers, hospitals and medical providers across the southeastern United States.

For more information, visit their website at www.sfur.com.

For Your INFORMATION

New online resource

Five Minutes on Workers’ Comp is the latest presentation you can access on our website. It’s a brief, interactive PowerPoint presentation that outlines our philosophy on return-to-work programs, evidence-based treatment guidelines and your role in the workers’ comp process. Check it out on the Provider Resources page under Back2Work at summitholdings.com.

New document management system creates efficiencies

Our staff strives for efficiency every day, and we continue to find new ways to improve and serve you even better. That’s why we have implemented a new document management system for our employees—and it’s raising our level of service to you even higher.

The new system no longer simply stores patients’ information; it allows our adjustors and nurse case managers to interact with the data in new ways. Adjustors can find information faster, setup automatic flags for followup and much more.

So what does this mean for you? Now that our team has these streamlined processes, they can offer even more attention to you and your patients and work to resolve any issues more efficiently.

Holiday office closures

All Summit offices will be closed in observance of these holidays. We wish you a joyous season with family and friends!

• Thanksgiving: November 24 & 25, 2011
• Christmas: December 26, 2011
• New Year’s: January 2, 2012

Note: Injured workers or their employers can report injuries 24 hours a day, even on holidays, by calling 1-800-762-7811.
Special Report: WORKERS’ COMP FRAUD

Fraud—our efforts and your impact

At Summit, we firmly believe that the vast majority of our injured workers truly need our services and your medical expertise, and we’re committed to working with you to get them on the road to recovery and back on the job. But, we also know that there is a small percentage who take advantage of the system and create major problems—not only for insurance companies, physicians and employers—but also for legitimately injured workers.

That’s why we’re dedicated to investigating and putting a stop to fraudulent claims. And we believe that you, as the treating physician, can be vital to the process.

Fraud Red Flags

If you notice any of the following circumstances with an injured worker, please report it to us immediately.

• Patient is not actually hurt
• Evidence of prior injuries that may have contributed to the injury you are treating
• Discrepancies between the patient’s original version of the story and later versions
• Stories that don’t make sense, such as how the injury occurred
• Test results or previous medical records that conflict with the patient’s story
• Refusal to show up for appointments or comply with diagnostic tests
• Patient is consistently uncooperative
• Patient protests about returning to work and never seems to improve
• Social Security number or other identification does not seem to be in order
• Patient seems unusually familiar with claims handling or workers’ compensation laws
• Patient admits to off-work activities that should be medically difficult or impossible

You play a part

While our adjustors interact with injured workers on paper or over the phone, you see them face-to-face. Melissa Snider, who manages Summit’s fraud investigation team, says, “Our doctors talk to patients more intimately, and more often, than we ever will. Their assessment of the situation is usually far more accurate than ours. We recognize this and appreciate their input.”

Any information you can provide about a patient or a case is valuable—even the little details matter. For example, in one Summit workers’ comp case, a physician shared that a patient was an avid bowler. That small fact helped uncover fraudulent activity. Another patient told his doctor that he drove race cars for fun. What he didn’t share, but an investigation later revealed, was that he had a secondary income operating a race track. By concealing this fact, he violated workers’ comp law by collecting undue indemnity payments.

Our investigation process

When fraud is suspected, an investigation begins with one of our two committees—employer fraud or claimant fraud. These groups meet once a month to review any questionable information that may come in. If a committee determines there is real potential for fraud in a particular case, they may request an investigation by Summit’s field adjustors, order surveillance or subpoena documentation.
Using surveillance
One of the most useful tools we have to combat fraud is surveillance. In certain cases, we hire licensed detective agencies to video record the activities of the person we’re investigating. In hotly contested cases, this becomes our key evidence.

One adjustor shared the story of a woman who claimed to have Reflex Sympathetic Dystrophy (RSD) in her right hand, a debilitating condition of the nervous system that can cause severe pain and prevent any functionality of the impacted body part. The woman in question, however, despite exhibiting severe pain in the doctor’s office, was shown on video using her right hand to unlock her home and car, open her mailbox and even hold her boyfriend’s hand. The video became the key component in the fraud case against her.

While stories like this may make surveillance seem like the obvious option, the cost can be prohibitive. Two days of surveillance can cost $1,000, and sometimes we simply get nothing out of it. So we’re careful to use it only when we feel there’s a solid reason to do so.

Keep in mind that your opinion can be the deciding factor. One adjustor puts it this way, “If the doctor suggests surveillance, I do it. Period.” However, legal issues usually prevent us from sharing investigation details with you. By law, any information we release to you must also be provided to the claimant’s attorney, so we weigh that decision carefully.

Be confident that your suggestions and opinions on any fraud case are taken very seriously. And we do follow up—even if we usually cannot share the investigation details with you.

At the state level
Once we have proof of fraud, we refer it to the appropriate state agency. Some states, such as Florida, have an insurance fraud division that will conduct its own investigation. In other states where there is no such agency, we present our evidence directly to the state’s attorney.

Every state considers insurance fraud a serious crime, but unfortunately not all states have the resources to prosecute the majority of cases. In those states, we can often pursue a plea agreement or, at the very least, sue civilly if there are no other means of recourse.

Real results
Each year, our fraud investigation committees do a cost analysis on savings. In 2010, the team’s efforts saved an estimated $5 million in projected claim expenses, including medical costs, lost wages and legal fees.

Suspicious?
If you suspect fraud, please call 1-800-282-7644 and ask to speak with the adjustor on the case, or to Melissa Snider. You can be sure we’ll handle the matter efficiently and professionally.

Did you know?
More than 1 in 3 physicians admit that patients have asked them to deceive third-party payers to help the patients obtain coverage for medical services.
—Journal of the American Medical Association"
The lighter side of workers’ comp

We carefully review all of the injury reports we receive. Sometimes what we read surprises us...

Actual injury report received from a dairy farm:

“Injured worker was hit by a cow with a 2x4.”

(We’re guessing the cow just didn’t want to be milked that day...)

Have you visited Summit’s online provider resources lately?

You can search for network providers and pharmacies, find forms and review previous issues of The Heritage News.

You’ll also find information about the Official Disability Guidelines, Summit’s Back2Work program, and our network credentialing and participation guidelines.

Check us out at summitholdings.com, and then click on Provider Resources.

Who is Summit?

With more than 30 years of experience, Summit is a leading provider of workers’ compensation insurance products and services to employers throughout the Southeast.

Summit includes Summit Consulting Inc. and its subsidiary, Heritage Summit HealthCare Inc., along with its affiliated insurers, Bridgefield Casualty Insurance Company and Bridgefield Employers Insurance Company.

Summit is also the managing general agent of BusinessFirst Insurance Company, Retailers Casualty Insurance Company, and RetailFirst Insurance Company.

How to Contact Us

Heritage Summit HealthCare Inc.
P.O. Box 3623
Lakeland, FL 33802-3623
1-800-282-7644

Summit Claims Center
P.O. Box 2928
Lakeland, FL 33806-2928
1-800-282-7644

24-hour injury reporting
1-800-762-7811

If you know of a provider who may be interested in joining our network, please give us a call or send an e-mail to provider.leads@summitholdings.com.

If you have any questions or comments about the content of this newsletter, please send an e-mail to heritagenews@summitholdings.com.

References


2 http://jama.ama-assn.org/content/283/14/1858.full?maxtoshow=&hits=10&RESULTFORMAT=&fulltext=patients+have+asked+physicians+to+deceive+third-party+payers+&searchid=1&FIRSTINDEX=0&resourceType=HWCIT, Date accessed: August 5, 2011.