



The Anatomy of an Initial Visit - Established Patient Returning from Maintenance Care

Initial visits come in all shapes and sizes. The elements of an initial visit are just as important in the documentation of a returning patient receiving Evaluation and Management (E/M) service, as with a brand-new patient. This example explores the elements of the E/M for this established patient's initial visit of the new episode.

Date of Service: 3/17/21

HISTORY:

Betty Boop, an existing patient, returned today for evaluation and possible treatment for a new condition unrelated to previous care. She was previously being seen for maintenance care and last seen on 3/5/2021 prior to this new episode of care.

Chief Complaint: Reports acute pain in the mid thoracic and right mid thoracic spinal region, and right posterior trapezius **after a golf tournament over the weekend.**

- **Frequency/Quality:** Frequent (< 75% but > 50% of the time) discomfort described as stabbing and "shock like"
- **Radiation of Symptoms:** Currently radiating to right posterior shoulder
- **Change in Complaint/VAS:** Complaint has stayed the same since the onset and the pain scale is presently rated 5/10 (10 being most severe)
- **Modifying Factors:** Relieved by: heat packs and cold packs and aggravated by: coughing and sneezing, turning and twisting
- **Previous Episodes:** denies past episodes
- **Previous Care:** Since the onset of this condition she has received no medical or chiropractic service for this condition
- **Recent Diagnostic Tests:** No
- **ADL/Functional Deficits:** Explains turning and twisting have become difficult

Complaint #2: Reports acute pain in the right shoulder **after a golf tournament over the weekend**

- **Frequency/Quality:** Frequent (< 75% but > 50% of the time) discomfort described as aching and pulling
- **Radiation of Symptoms:** Currently non-radiating
- **Change in Complaint/VAS:** Complaint has stayed the same since the onset and the pain scale is presently rated 4/10 (10 being most severe)
- **Modifying Factors:** Relieved by: heat packs and rest and aggravated by: lifting
- **Previous Episodes:** denies past episodes
- **Previous Care:** Since the onset of this condition she received nothing for this condition.
- **Recent Diagnostic Tests:** No
- **ADL/Functional Deficits:** Explains lifting has become difficult for anything over 10 pound(s)

No additional concerns relayed by patient.

Review of Systems (ROS): The musculoskeletal and neurological systems were reviewed with the patient. When compared with the initial review of systems from 2/15/20, the patient denied any changes. Also denied numbness in the right arm and hand.

- Multiple complaints have HPI documented separately
- Mechanism of injury/onset is clearly indicated
- Components of History of Present Illness are well-defined
- Patient specific functional deficits included
- While ROS is not a required element, review of relevant systems related to the chief complaints is prudent



EXAMINATION:

- Ortho** - Supraspinatus test performed on the right. Patient indicated no pain.
- Ortho** - Apley's scratch test performed. Patient indicated increased pain in the shoulder joint that was 4 out of 10 (10 being most severe) on the right.
- Ortho** - Apprehension test performed on the right. Patient indicated no pain or guarding.
- Ortho** - Dawbarn's test performed on the right. Patient indicated no pain.
- Ortho** - Speed's test performed on the right. Patient indicated no pain.

Musculoskeletal - Range of Motion - Shoulder - Active on the right

- Flexion: 160/180 degrees with pain
- Hyperextension: 40/50 degrees without pain, stiffness or radiation
- Abduction: 130/180 degrees with pain
- Adduction: 40/50 degrees without pain, stiffness or radiation
- Internal Rotation: 80/90 degrees without pain, stiffness or radiation
- External Rotation: 60/90 degrees with pain

Daily Objective Findings:

- Spinal Restriction(s)/Subluxation(s): left C4, T4, right T5, right T6, left pelvis, right ribs: 4, 5, and 6
- Extraspinal Restrictions/Subluxations: right shoulder
- Pain/Tenderness: right side upper thoracic, mid-thoracic with accompanied rib heads and right shoulder
- Postural Analysis: short left leg (pelvic deficiency) and high left shoulder
- Soft Tissue: Hypertonic right posterior trapezius, right mid thoracic, right posterior shoulder, left buttock, right lower thoracic and left side of neck
- ROM Concern(s): thoracic flexion and thoracic extension was recorded as moderately reduced with pain noted.

ASSESSMENT:

Betty presents with 2 self-limiting problems and low risk with treatment. She is of good health and is expected to make good progress and recovery with no residuals. She has no issue reported as a complicating factor affecting her recovery. There are no apparent contraindications to gentle, conservative chiropractic treatment. Based on her previous response with chiropractic care, it is reasonable to believe that her recovery may take about the same length of time as an average patient with an uncomplicated case.

DIAGNOSIS:

Upon consideration of the information available I have diagnosed Betty Boop with: (M99.02) Seg and somatic dysf of thoracic reg, (M99.08) Seg and somatic dysf of rib cage, (M99.07) Seg and somatic dysf of upper extremity, (M62.830) Muscle spasm of back
Compensatory diagnosis: (M99.01) Seg and somatic dysf of cervical reg, (M99.05) Seg and somatic dysf of pelvic reg

Clinically appropriate examination conducted to quantify complaints and arrive at differential diagnosis

Chiropractic exam to determine areas of spinal misalignment to be adjusted

Asymptomatic spinal restrictions and findings are also noted

This language in the assessment points to the doctor's decision making when coding

Prognostic factors noted

Active diagnoses are listed in descending order of severity

Findings are consistent with this diagnosis, even if it will be deemed a compensatory area and not eligible for billing



TREATMENT PLAN:

Betty's treatment plan for this episode begins 3/17/2021 and is projected to be completed by 4/2/2021.

- **ADL/Functional Deficit:** Betty reports coughing, sneezing, twisting and turning are all painful.
- **Goal of treatment:** Attain pre-episode status which is playing golf without midback pain or limitation
- **ADL/Functional Deficit:** Betty reports lifting more than 10 lbs is difficult
- **Goal of treatment:** Attain pre-episode status of being able to lift 20 lbs. with no pain or limitation
- **Primary Treatment Parameters:** 3 times per week for 2 weeks.
- **Chiropractic Manipulative Treatment (CMT):** Drop Table, Diversified and Activator to the thoracic spinal region, ribs and right shoulder and compensatory levels of cervical and pelvic regions
- **Supportive Therapy:** To optimize the treatment effectiveness, the following supportive therapies are ordered:
 - **Ultrasound:** ultrasound with contact medium to be performed to right mid-thoracic to posterior shoulder region(s) to decrease spasm during relief phase treatment for 8 minutes at a frequency of 3 visits for the next week
 - **Therapeutic Exercise: Manual stretching** therapeutic exercises to be performed to the muscle groups of the right upper thoracic, mid thoracic and shoulder region(s) for 10 minutes to improve functional range of motion during relief phase of treatment at a frequency and duration of 3 visits per week for the next 2 weeks
- **Tx Effectiveness:** Overall effectiveness of ongoing treatment for these complaints will continue to be evaluated by analyzing objective and subjective findings along with the results of the following functional outcome assessment tools:
 - Functional Rating Index (Disability Scale: 0-20% = minimal disability; 21-40%+ = moderate disability; 41-60%+ = severe disability; 61%+ = very severe disability)
 - **Initial Score (%): 35% FRI**
 - **Goal Score: 10% or better**
 - Upper Extremity Functional Index: (100% = best state)
 - **Initial Score (%): 70% UEFI**
 - **Goal Score: 100%**

TODAY'S TREATMENT:

- **Primary Treatment:** Diversified, Drop Table and Activator - Chiropractic Manipulative Treatment (CMT) to the T4, right T5, right T6 spinal levels
 - **Posterior Rib(s):** right T4, right T5 and right T6
- **Compensatory adjustment(s) at level(s):** left pelvis and left C4
- **Extraspinal region(s) adjustment:** right shoulder
- **Supportive Therapy** to optimize treatment effectiveness the following therapies were performed today:
 - **Therapeutic Exercise - Manual stretching - Therapeutic Exercises** performed for 10 minutes. Stretching to the right SCM, trapezius, rhomboid, and rotator cuff. Stretches were held for 30 seconds each for 2 reps
 - **Ultrasound -** ultrasound with contact medium performed to right mid thoracic and right posterior shoulder regions for 8 minutes at a setting of continuous 100% and at 1.3 W/cm2
- **Advised**
 - **Tx Effect:** Examination performed and treatment rendered without incident

- *Estimated duration of total treatment plan itemized*
- *Goals are specific, measurable, attainable, and relevant*
- *Primary, medically necessary spinal regions noted*
- *Compensatory, clinically appropriate spinal region noted*
- *The modality, location, frequency, and duration, along with rationale are noted.*
- *Use of the OATs data for treatment effectiveness is easily measured at evaluations*
- *Treatment rendered is separately noted and coded*