"Dedicated to the Health
of the Whole Community"

AMBULATORY & COMMUNITY
HEALTH SERVICES

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Physical Medicine and Rehabilitation Referral Guidelines

PM&R Clinic Location: **VSC Suite 110**

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This information is designed to aid practitioners in making decisions about appropriate medical care. These guidelines should not be construed as dictating an exclusive course of treatment. Variations in practice may be warranted based on the needs of the individual patient, resources, and limitations unique to the institutional type of practice.

The California Department of Managed Health Care mandates that URGENT referrals are seen within 72 hours. To make this possible, these referrals require a provider to provider discussion so that the patient is scheduled in a timely manner. If you have a patient who needs to be seen on an urgent basis, please contact the on call the on call resident at 408-275-5015 to expedite the patient's care.

If your patient has a medical emergency, please direct them to the closest emergency room for expedited care.

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AMPUTEE

1. **Background**
    a. Diagnosis codes
        i. ICD-9-CM codes: 887.2, 885.0, 897.0-897.3, 887.6 (and others)
        ii. ICD 10: S88.119A, S88.112A, S88.111A, S88.111D, S88.011S, S88.012S (and others)

2. **Pre-referral evaluation and treatment**
    None needed

3. **Indications for referral**
    a. The patient has an amputation of limb(s) or who is being scheduled for an amputation, and who may need prosthetic device(s).
    b. PM&R clinic will coordinate care with PCP for patients who have prosthetic devices long term.

CEREBRAL PALSY

1. **Background**
    a. Diagnosis codes
        i. ICD-9-CM codes: 343.9

2. **Pre-referral evaluation and treatment**
    None needed

3. **Indications for referral**
    a. The patient has CP and has needs for therapies, supplies, DME, bracing, spasticity management, bowel and bladder issues, dysphagia that has not been evaluated.

b. Patients may be discharged from the clinic if they do not have needs for on-going therapy / equipment, and/or spasticity management.

MULTIPLE SCLEROSIS

1. **Background**
    a. Diagnosis codes
        i. ICD-9-CM codes: 340
        ii. ICD 10: G35

2. **Pre-referral evaluation and treatment**
    None needed

3. **Indications for referral**
    a. The patient has had multiple sclerosis and has needs for therapies, supplies, DME, bracing, spasticity management, bowel and bladder issues, dysphagia and cognitive deficit that have not been evaluated.
    b. PM&R clinic will coordinate care with PCP for patients with MS long term.
    c. Disease modifying treatment will need to be managed by a neurologist.

MUSCULAR DYSTROPHIES

1. **Background**
    a. Diagnosis codes
        i. ICD-9-CM codes: 350's
        ii. ICD 10: G71.0 (and others)

2. **Pre-referral evaluation and treatment**
    None needed

3. **Indications for referral**
    a. The patient has muscular dystrophies and has needs for therapies, supplies, DME, bracing, bowel and bladder issues, dysphagia that has not been evaluated.
    b. Patients may be discharged from the clinic if they do not have needs for on-going therapy / equipment.

MUSCULOSKELETAL CONDITIONS

1. **Background**
    a. Diagnosis codes
        i. ICD-9-CM codes: 710 -720's
        ii. ICD 10: M65-77 (and others)

2. **Pre-referral evaluation and treatment**
    a. Testing
        i. Intra articular joint injections
            1. Require plain films ordered or completed within 6 months prior to referral.
            2. If on Coumadin, INR prior to procedure to be at < 3.0.
    b. Management
        i. Initiation of referrals to therapy services PT/OT/Hand therapy is needed as appropriate

3. **Indications for referral**
    a. Referral qualifications:
        i. Patient needs management of acute joint or soft tissue pain complaints that are not being managed by another service (Rheumatology, Orthopedics, etc), and the patient has had pain for no longer than 1-year duration.
        ii. Patient needs conservative management of axial pain, no longer than 1 year duration, for radiculopathy work up with plain films ordered or completed within 6 months prior to referral
        iii. The patient may need trigger points injections, soft tissue injections, tendon sheaths, bursal injections
        iv. The patient has following potential diagnoses: Carpal tunnel syndrome, trigger finger, de Quervain's, biceps tendonitis, epicondylitis, Rotator cuff tendonitis/impingement syndromes, osteoarthritis, bursitis
        v. Intra articular joint injections
        vi. Acute exacerbation of chronic pain.
    b. Do not refer: Consider referrals to community pain clinics
        i. Assistance is needed regarding opioid medication management
        ii. There is a significant substance abuse history
        iii. The patient needs intervention such as epidural injections, sympathetic blocks.
        iv. Pain has persisted for longer than 1 year.

4. **Please include the following with your referral**
    a. Results of pre-referral imaging and INR studies as indicated

PRESSURE ULCERS

1. **Background**
    a. Diagnosis codes
        i. ICD-9-CM codes: 707.00-707.09 (and others)
        ii. ICD 10: L89.90, L89.209, L89.329, L89.329, L89.319, L89.109, L89.629, L.89.619 L89.159 (and others)

2. **Pre-referral evaluation and treatment**
    a. Management
        i. Refer to wound clinic at O'Connor Hospital or St. Louise Regional Hospital at the same time

3. **Indications for referral**
    a. The patient has neurological disorders like SCI, TBI, stroke, CP, spina bifida, etc or other disability causing impaired mobility like amputation and burn that cause pressure ulcers.
    b. The patient with above neurological conditions may need a musculocutaneous flap. PM&R will coordinate planning for a flap with plastic surgery service.

RADICULOPATHY/MYELOPATHY/SPINAL STENOSIS

1. **Background**
    a. Diagnosis codes
        i. ICD 9 CM codes: 723.4, 724.4, 724.9, 724.0, 724.02, 723.0
        ii. ICD 10: M54.10, M54.12, M54.16 (and others)

2. **Pre-referral evaluation and treatment**
    a. For patients with suspected radiculopathy or myelopathy:
        i. If progressive neurological deficit or red flags, advise urgent MRI and/or Xrays. If abnormal, urgent referral to Neurosurgery
        ii. If no progressive neurological deficit or red flags, advise trial of Physical Therapy and Analgesics prior to PM&R clinic referral

3. **Indications for referral**
    a. Referral qualifications
        i. The patient has bowel and/or bladder dysfunction, and/or spasticity, but no acute progressive neurological deterioration
        ii. The patient has neurological weakness

iii. The patient has gait disturbance due to weakness (not due to pain / deconditioning).
iv. The patient may need EMG/NCS to be assessed for radiculopathy.

b. Do not refer
   i. If the patient has weakness/ gait problems due to pain, the patient should be referred directly to PT.

SPINAL CORD INJURY/SPINA BIFIDA

1. **Background**
   a. Diagnosis codes
      i. ICD-9-CM codes: 907.2, 741.90
      ii. ICD-10 (for SCI): S14.109A, S24.109A, S34.109A, S
      iii. ICD 10 (for spina bifida): Q05.0-9

2. **Pre-referral evaluation and treatment**
   None needed

3. **Indications for referral**
   a. The patient has traumatic or non-traumatic spinal cord injury including spina bifida, transverse myelitis, and cauda equina regardless of severity.
   b. PM&R clinic will coordinate care with PCP for patients with SCI long term.

STROKE

1. **Background**
   a. Diagnosis codes
      i. ICD-9-CM codes: 438.21, 438.22, 438.20 (and others).
      ii. ICD-10: I69.138, I69.359, G81.90, G81.10 (and others)

2. **Pre-referral evaluation and treatment**
   None needed

3. **Indications for referral**
   a. The patient has had a stroke and has needs for therapies, supplies, DME, bracing, spasticity management, bowel and bladder issues, dysphagia and cognitive deficit that have not been evaluated.
      i. Patients may be discharged from the clinic if they do not have active needs for on-going therapy / equipment, and/or spasticity management.

ii. Patients may be re-referred if new concerns that are potentially related to their stroke arise.

TRAUMATIC OR NON-TRAUMATIC BRAIN INJURY/CONCUSSION

1. **Background**
    a. Diagnosis codes
        i. ICD-9-CM codes: 907.0, 959.01, 850.0-850.5 (and others)
        ii. ICD-10: S06.9X9A (and others)

2. **Pre-referral evaluation and treatment**
    None needed

3. **Indications for referral**
    a. The patient has history of brain injury including those due to trauma, tumor, and anoxia regardless of severity.

Revisions:
Nov 2021