

University of California Workers' Compensation Program

Case Management Guidelines for Occupational Health Providers

The primary goals of the University of California Workers' Compensation Program are to facilitate optimal recovery of injured employees through the provision of high quality medical treatment and prevention of disability in conjunction with the appropriate management of medical and disability costs. To achieve these goals, an active working partnership is needed among the treating occupational health clinician (physician, physician assistant, nurse practitioner), third party administrator (Octagon Risk Services) and management/administration at each U.C. location. In addition to providing high quality medical care, the treating occupational health clinician plays a critical role in achieving positive outcomes through their case management practices. The following are best practice guidelines which all parties agree will be the performance standard for managing workers' compensation cases.

1. Team Approach to Case Management

The occupational health clinician (OHC), Octagon Risk Services (Octagon) Claims Manager and Workers' Compensation Manager at each U.C. location will meet at scheduled intervals (e.g. monthly) to review claims and discuss program processes in a collaborative effort to achieve optimal results. In addition, parties agree to confer by telephone on an ongoing basis to facilitate claims management.

2. Manage Minor Injury as First Aid

At such time that a UC employee reports a work-related injury, he/she will be provided an Incident Reporting form by their supervisor. At the initial medical evaluation, the OHC must complete a Doctor's First Report of Injury (5021) for all cases and submit it to ORS. If the injury requires no more than First Aid treatment, neither a workers' compensation claim form (DWC-1) nor the Employer's First Report of Injury (5020) is required. If the employee's medical status changes at a later date, the employee retains the right to file a workers' compensation claim at that time. If the employee's injury does require medical treatment beyond First Aid as defined in Labor Code Section 5401, the employee will be provided the DWC-1 form at the OH Clinic or by the UC location's Workers' Compensation Manager within 24 hours.

California Labor Code Section 5401 defines First Aid as "any one-time treatment, and any follow-up visit for the purpose of observation of minor scratches, cuts, burns, splinters, or other minor industrial injury, which do not ordinarily require medical care". Even when there are multiple follow-up visits for purposes of observation or when treatment is provided by a physician, this is still considered First Aid. (Note: the definition of First Aid under California Labor Code 5401 is significantly different from that under CFR OSHA Recordkeeping purposes).

3. Aggressive Treatment Plan

All medical treatment must conform to the ACOEM Treatment Guidelines or when indicated, with other evidence-based treatment guidelines. In accordance with these guidelines, conservative treatment will be provided for the initial four to six weeks following the injury with frequent (e.g., weekly) follow up visits to monitor the injured employee's progress. If the injured employee fails to improve as expected within this initial 4-6 week period of time, imaging studies, specialist consult and/or other medical evaluation will be initiated to ascertain any underlying cause for delayed recovery.

4. Maintain Medical Control

In the absence of a clear medical indication (e.g., surgery) requiring transfer of care to a specialist, the OHC will retain medical control until the patient is discharged from care. If a second medical opinion is indicated, emphasis will be placed on obtaining a one-time consult with an appropriate specialist as opposed to a transfer of care via referral. A specialist panel will be developed and maintained by Octagon, the Workers' Compensation Manager and OHC at each UC location.

5. Disability Management

At each patient visit, the OHC will complete a Work Status Report indicating the injured employee's ability to do full or modified work duties, any activity restrictions, date of next appointment and level of treatment (First Aid or medical). A copy of the Work Status form is given to the employee and it is immediately transmitted to the employee's supervisor, local UC Workers' Compensation Manager and the Octagon claims examiner.

Injured employees will not be removed from work unless they have a serious medical condition that precludes any physical activity at work or home. Injured employees who are unable to transport themselves to work must find alternative means of transportation and they will not be removed from work for this reason. Work restrictions must be clearly written on the Work Status Report and restrictions placed in effect only until the next visit to the OHC.

6. Medical Documentation and Reporting

The OHC will provide thorough and legible documentation of all patient visits. At the initial medical evaluation, the OHC must complete the Doctor's First Report of Injury in sufficient detail to fully describe the mechanism of injury; onset and extent of all symptoms; past history of similar symptoms or injury; general medical history; and any other employment, condition or activity which may be a contributing factor to the medical condition. Diagnosis, treatment plan and work status must also be clearly documented.

At each subsequent visit to the OHC, the patient's symptoms, medical progress and effectiveness of treatment must be assessed and documented. Any new medical complaints not reported at the initial visit must be described in detail and the clinician must indicate their opinion as to whether these complaints are related to the initial injury. Any request for treatment authorization must be supported by a written explanation of the medical rationale for the treatment request. All medical reports will be sent to the Octagon claims examiner as soon as possible, preferably within 48 hours of the patient visit.

7. Communication

The OHC, Octagon claims examiner and the local UC Workers' Compensation Manager agree to maintain ongoing communication on all issues of importance involving workers' compensation cases at their location. Telephone calls will be returned as soon as possible, but no later than 24 hours after receiving the call.

Patient queries regarding claims settlement and other claims-related issues must be referred to the Octagon claims examiner or the local Workers' Compensation Manager. Benefits and other specific rights under the workers' compensation system are complex, frequently change and may differ on a case-by-case basis. Thus, these issues must be deferred to the claims specialist to ensure that accurate information is conveyed to the injured worker.

8. Impairment Evaluations

The primary goal of medical treatment is to achieve full recovery without residual impairment. However, in the event that an injured employee's medical condition persists after all medically appropriate treatment has been provided, the OHC will declare the condition as having reached Maximum Medical Improvement. An occupational health physician who has received appropriate training, will conduct the final medical evaluation in accordance with the AMA Guides to the Evaluation of Permanent Impairment. Preferably, these evaluations will be conducted using the Whole Person Technology Premiere 5 software application to generate the report. The final report will be submitted to the Octagon claims examiner within two weeks.