From the Desk Of:

William J. Koppany, Esq.

Certified Specialist, Workers' Compensation Law, The State Bar of California, Board of Legal Specialization



Physician's Guide to Medical Practice in the California Workers' Compensation System

Report

The Department of Industrial Relations quietly released the *Physician's Guide to Medical Practice in the California Workers' Compensation System ("Physician's Guide")*. This was the Fourth Edition of the Guide. The *Physician's Guide* was last revised in 2001. The Guide was intended to provide an overview of the Workers' Compensation system. The purpose of the *Physician's Guide* is to put practical and usable information in the hands of physicians who are caring for injured workers in California, and is not intended to replace clinical judgment. It is not meant to be a legal treatise or to include legal citations in support. That being said, the *Physician's Guide* is intended to be an educational tool and a convenient reference for information about the operation of the system.

The *Physician's Guide* begins with a history Workers' Compensation systems in the United States. The system was to be a compromise between Employers and Employees. The Physician's Guide then discusses the evolution of Workers' Compensation in California.

Identification and a summary of the various Units of the WCAB are discussed. Basic definitions of an injury, first aid, aggravation, Arising out of Employment (AOE), Occurring in the Course of Employment (COE), causation, presumptions, and psychiatric injuries are provided. The *Physician's Guide* states that absolute certainty of causation is not necessary to prove the worker's claim. All that is needed is proof of a reasonable medical probability.

The *Physician's Guide* identifies five types of causation—direct causation, contributing cause (several factors led to the disease, and work exposure was one of the factors), acceleration (the disease process was accelerated by virtue of the work exposure), precipitation (the work exposure precipitated the manifestation of the illness), and aggravation (a medical condition may be present already, but work exposure made it worse).

For cumulative injuries and illnesses, the *Physician's Guide* indicates that the physician needs to assess causation by weighing various factors. The kind of exposure involved (ex. chemicals or types of repetitive motion, etc.); the level, frequency, and duration of exposure; the presenting signs or symptoms that are consistent or inconsistent with the occupational exposure and the disease; and the medical literature that indicate that the disease in question is associated with the worker's exposure or occupation are all factors that should be considered by the doctor.

The *Physician's Guide* also states that subjective stress by itself is not sufficient to implicate the employment where, in fact, the employment did not contribute to the stress that the employee was feeling. It has to be something more than imagined stress. The employment itself must be a positive factor influencing the course of the disease.

The threshold for causation for psychiatric injuries is discussed. The law limits the types of psychiatric claims that can be submitted: 1) the actual events of employment were the predominant cause (over 50%)

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of applicant's injuries; 2) if the psychiatric injuries resulted from a violent act or direct exposure to a violent act, the actual events of employment must have been a 'substantial cause' of the injury (at least 35%); 3) the employee must have been employed by the employer for at least 6 months which need not to have been continuous (this does not apply if the injury was caused by a sudden and extraordinary employment condition); 4) psychiatric injuries that are substantially (at least 35%) caused by 'lawful non-discriminatory good faith personnel actions' are prohibited; and 5) claims filed after notification of termination or layoff are prohibited.

The *Physician's Guide* identifies all the participants in the system and describes the benefits and payments to employees. The most important section of the Physician's Guide describes the role and the duties of the physician. The physician may not cross-refer to any organization which the physician or physician's family has a financial interest, unless there are no alternatives available within 25 miles or a 40-minute drive. The physician must obtain preauthorization for physical therapy, certain psychiatric testing, or MRIs.

Reports from the physician must be timely and must contain specific and detailed information. Provisions for future medical treatment should include as much detail as possible in the doctor's report. The doctor must provide a clear description of why and how the opinion was reached. All other individuals who assisted the physician in evaluating the applicant must be specifically disclosed in the report.

The physician must also sign the report. The report must be signed by the physician who examined the applicant, took the applicant's history or reviewed with the applicant an outline of the history, reviewed the medical records, and composed and drafted the conclusions of the report.

The *Physician's Guide* also describes the process for the physician's payment and for resolution of billing disputes. The Physician's Guide also discusses physician conduct and ethics involving medical-legal evaluations.

The new *Physician's Guide* is a thorough overview of the Workers' Compensation system. This review would be of benefit not only for any physician but for any person entering the field or person who needs to place the Workers' Compensation system into an easily-understandable perspective.

The *Physician's Guide* is hyperlinked below for your reference:

http://www.dir.ca.gov/dwc/medicalunit/toc.pdf

If you have any questions, please contact the Law Offices of Parker & Irwin.