



Date: March 15, 2005

To: *RM* Gerald R. Miller, City Manager
Robert E. Shannon, City Attorney *RES*

From: Heather A. Mahood, Assistant City Attorney *HAM*
Suzanne R. Mason, Deputy City Manager *SRM*

For: The Economic Development and Finance Committee

Subject: Workers' Compensation Business Process Improvement Status Update

The City Council approved conducting a comprehensive assessment of the City's Workers' Compensation, Occupational Health and Risk Management processes on August 5, 2003. Deloitte Consulting LLP was retained to complete the in-depth study and on March 12, 2004, Deloitte provided a written report to the City on the state of those programs. In addition, Deloitte also identified available opportunities to reduce the programs' costs and improve their effectiveness.

Deloitte's specific recommendations on changes in operations could result in savings over \$3 million at the end of four years, and in excess of \$4.5 million when the results of recent legislative changes are included. City staff immediately commenced a comprehensive Workers' Compensation Business Process Improvement effort aimed at implementing the best practice strategies recommended in the study, with the goal of having the major recommendations implemented by the end of January, 2005. With the potential for both significant savings and service improvements identified, the City Council on April 20, 2004, approved an additional agreement with Deloitte Consulting to assist the City in implementing the recommended Workers' Compensation Business Process Improvements.

Five work teams were formed including: Claims System, Medical Case Management, Policies and Procedures, Claims Process Manual, and Safety Structure. In addition a Steering Committee and Executive Committee were formed to guide the process.

The following provides an overview of each subcommittee as well as a brief summary of the subcommittee's progress to date.

1. Claims System

This subcommittee was charged with re-designing and automating the City's workers' compensation claims administration process. On July 6, 2004, the City Council approved the acquisition of an electronic claims administration software system from Valley Oak Systems, Inc. Following System installation, training took place in late January and early February and the System was put into production on February 8, 2005. While City staff is still working with Valley Oak Systems to fully install all system

functions, the installation to date has resulted in a quantum leap in the City's ability to track, monitor, communicate and analyze workers' compensation cases and issues. The capabilities of the system include a high degree of automation that was previously lacking and which slowed down processing efforts. The System now allows users to report workplace injuries directly on line, with immediate notification to the Workers' Compensation Claims examiners, who can then make immediate contact with the injured employee, the employees' doctor and the Department to make sure everyone is fully informed and the employee gets the best care possible. The Claims Office, department and employees now can communicate and keep in contact on a real time basis, insuring best practice procedures are utilized.

2. Medical Case Management

This subcommittee has reviewed how City workers' compensation claims have been handled from a medical care standpoint and is working to implement practices that will provide both efficient and improved treatment to patients. As a result of the work of this committee, the City conducted a Request for Proposal process and selected a new managed care network to be used in proactively managing workers' compensation claims. In line with recent State legislation and regulations, Tristar Managed Care, Inc. is providing Bill Review, Utilization Review, various iterations of Medical Case Management, and has assisted the City in the development of a Medical Treatment Network. Overall savings in the area of Medical Case Management should be as high as \$1,000,000 annually. The City and Tristar are currently waiting for the State of California to approve the City's Medical Treatment Network, which will go into effect as soon as it is approved, which is expected to be in April 2005.

3. Policies & Procedures

The Policies & Procedures subcommittee focused on developing specific policies and procedures necessary to administer the overall workers' compensation, occupational health and risk management programs to implement the best practice recommendations made by Deloitte Consulting, and to fully implement the changes included in recent legislative reforms. Four primary policies and procedures were written to address the processing and monitoring of workers' compensation claims and to insure that injured employees get the best possible care and can return to work as quickly as possible. These include Injury Reporting protocols, Monitoring and Tracking of claims, Transitional Duty Assignments and Handling of Permanent Disabilities. The Policies and Procedures were distributed to all Departments and extensive training of department staff has taken place. An employee informational booklet was also developed to assist employees in understanding how the workers' compensation process works and to provide important contact information.

4. Claims Process Manual

This subcommittee, working primarily under the auspices of the claims administration group in the City Attorney's office, is codifying in writing the specific steps and processes necessary to administer workers' compensation claims consistent with all identified legal requirements and best practice recommendations. The subcommittee's work is near completion and is now being reconciled with proposed Policies and Procedures. The Claims Office is also waiting for all functions of the Claims System to be fully operational before completing the Claims Manual. This should be completed in April, 2005.

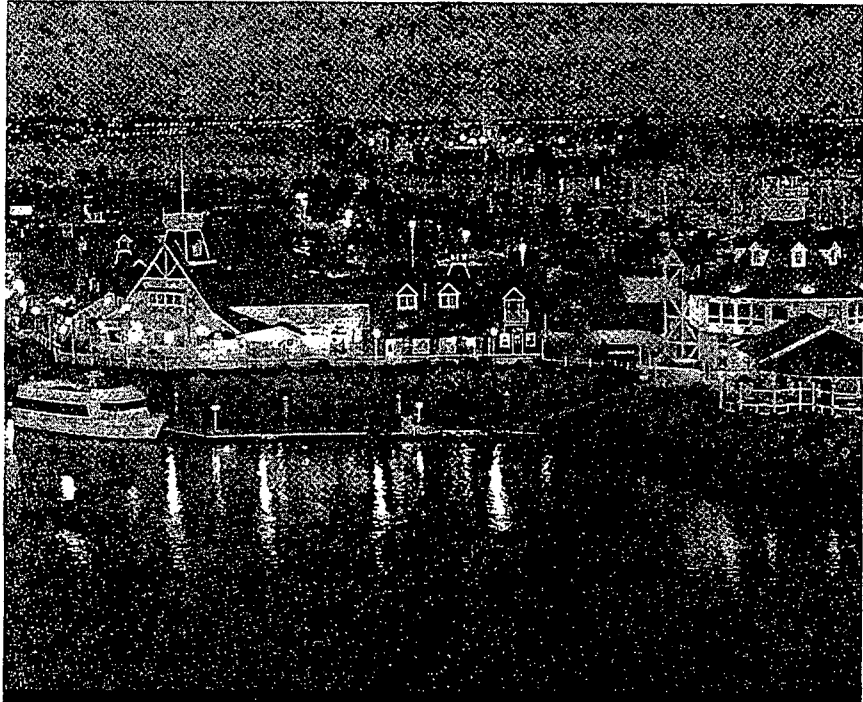
5. Safety Structure

The Safety Structure subcommittee consists of Department Heads and City safety office personnel. The subcommittee has taken on the task of revising and updating the City's Safety practices to conform to the other Business Process Improvements being implemented which should result in a proactive approach reflecting the leadership and priority focus by top management in the City. A safety campaign has been designed to bring to all employees' attention the importance of safety in the workplace. A formal kick-off for the City's new Safety Program is planned for the first week in April and will include the distribution of a Safety Booklet for all employees, distribution of promotional materials including a new City Safety Slogan designed by employees in various Departments, "Service First, Safety Always....", and the distribution of Departmental Safety reports which will provide Department employees and management important information to assist in managing safety programs and training in their Departments.

While full implementation of the Business Process Improvements is still being finalized, the initial steps of implementing the Claims System and the Workers' Compensation Policies and Procedures are well underway. Risk Management and Claims Office staff has received positive feedback from City staff to date and anticipates the remaining changes will be well received as well.

cc: Mayor and City Council
Gary L. Burroughs, City Auditor
Thomas M. Reeves, City Prosecutor
Christine F. Shippey, Assistant City Manager
Reginald I. Harrison, Deputy City Manager
Department Heads
JC Squires, Assistant City Auditor

SRM



**Guide to Workers' Compensation
for City of Long Beach Employees**



Guide to Workers' Compensation for City of Long Beach Employees

Questions & Answers

The City of Long Beach is committed to providing the best possible care to employees who become ill or injured on the job. Our goal is to help employees recover and get everyone back to work as quickly as possible. This manual has been developed to assist you to understand the workers' compensation process and provide a resource to you in the event you are injured or become ill on the job.

What is workers' compensation?

At no cost to you, workers' compensation is a program that the City provides, as required by law, to help you if you are injured on the job or if you become ill due to your job.

What is a workers' compensation injury or illness?

An injury or illness that occurs due to employment is considered a workers' compensation injury or illness. Under workers' compensation law, you will receive help if you are injured, no matter who was at fault.

Workers' compensation covers various types of events, injuries, and illnesses. You could get hurt by one event at work, such as hurting your back in a fall, or by repeated exposures at work, such as hurting your wrist from doing the same motion over and over.

How does this coverage affect my own health insurance?

Workers' compensation is separate from personal health-care insurance. The City is self-insured and self-administered for workers' compensation and pays all approved medical bills and other workers' compensation benefits from City funds.

How do I get emergency medical treatment?

If it's a medical emergency, call 9-911 or go to an emergency room right away. The City will advise you where to go for treatment. Tell the health-care provider who treats you that your injury or illness is job-related, and advise them to contact the City's Workers' Compensation Office if they require additional information.

How do I file a claim?

If you are injured on the job, as soon as you can, tell your supervisor that you have been hurt. Except for first-aid injuries, your supervisor will provide you with a claim form (DWC-1/SF-372) on which you can describe your injury, as well as how, when, and where it occurred. Return the completed form to your supervisor, who will send it to the City's Workers' Compensation Office. The Workers' Compensation claims examiner will then get in touch with you to explain the benefits to which you may be entitled.

When injured, you are required to report your injury to your immediate supervisor as soon as possible, regardless of the severity of the injury or accident. Failure to promptly report an injury may be grounds for discipline. If the symptoms require emergency medical attention, you should report to the nearest Urgent Care Medical treatment facility within the City's medical provider network and contact your supervisor immediately following medical care. If you are unable to report to your supervisor, a family member or representative should notify your supervisor as soon as possible.

What are my responsibilities once I file a claim?

After each visit to your physician, you are required to return the City's *Medical Status and Work Restriction* form to your department's Payroll Office as soon as you return to work. A copy of this form can be obtained from your department's Payroll Office prior to visiting your physician and it will be also sent to you

by mail in the initial correspondence from your claims examiner. If your doctor has placed you off work, you are required to fax or have your doctor fax the *Medical Status and Work Restriction* form to your department's Payroll Office. However, if your doctor faxes the form, it is ultimately your responsibility to ensure that this form has been returned to your department.

You are required to keep all medical appointments and ensure the *Medical Status and Work Restriction* form is returned to your department's payroll office. If you fail to attend scheduled appointments, you may place your workers' compensation benefits in jeopardy. It is expected that you will schedule physician and/or physical appointments outside of your normally scheduled work hours. If this is not possible, appointments should be scheduled the first hour or the last hour of your scheduled shift to minimize disruption to the operation and minimize the time away from work. You are required to inform your physician that the City will attempt to accommodate any temporary modified work restrictions while you are recovering from your injury. While you are off on injury, City policy requires you keep in contact with your department on a weekly basis. Contact your supervisor or your departmental representative each Monday.

I was called by the Workers' Compensation Claims Office after my injury. Why are they calling me?

Every City employee will receive a call from the Workers' Compensation Claims Office after a claim has been filed. The purpose of the call is to obtain facts

regarding the injury and to establish a relationship with your claims examiner. This will help the claims examiner to process your claim quickly and effectively.

What are my benefits and rights?

Within one day after an employee files a claim form, the law requires the employer to authorize reasonable and necessary medical treatment as required and limited by the law, until the claim is accepted or rejected, up to a limit of \$10,000 in total. All medical treatment is provided in accordance with the medical treatment utilization guidelines.

If the City accepts your claim, the City will pay all approved reasonable and necessary medical care that is supported by evidence-based treatment guidelines (American College of Occupational and Environmental Medicine guidelines). This care may include doctors, hospital services, physical therapy, lab tests, x-rays, medicines, and related reasonable transportation expenses. For injuries on or after January 1, 2004, there are limits on the number of chiropractic, occupational therapy, and physical therapy visits.

The City pays for all authorized treatment, so you should not receive any bills. The law states that you are not responsible for co-payments or balance-due bills after we have paid the provider. If you receive any bills or a medical provider or pharmacy demands payment upfront, contact your claims examiner right away.

We will also pay a portion of your lost wages if you cannot work due to the injury. This benefit is called temporary disability (TD). You will receive two-thirds of your lost wages up to a maximum

benefit, unless you are entitled to a salary-continuation program. Miscellaneous employees are eligible for salary continuation up to 75% of current salary. Sworn employees will not receive TD benefits until injury benefits are exhausted. If your injury or illness results in a permanent impairment that decreases your ability to compete in the open labor market, we will also pay you permanent disability (PD) benefits. In the event of a work-related death, we will pay death benefits to your qualified surviving dependents.

As of January 1, 2004, the City is required to review medical treatment requests from your physician through a Utilization Review (UR) process. This review process involves doctors and other health consultants reviewing your treatment needs based on the medical information provided by your physician to the City. There are time limits to approve, modify, delay, or deny treatment requests from your physician.

When can I receive disability benefits?

Once your claim is accepted, the City will verify the time that you have missed from work. If eligible, you will receive TD after serving a "waiting period" of three calendar days (or 24 working hours). The "waiting period" is waived if you are unable to work for more than 14 calendar days, are hospitalized as an inpatient, or your injury is the result of a criminal act of violence.

When does Temporary Disability (TD) start and stop?

You will receive a TD payment every two weeks while you remain temporarily disabled from work. Generally, TD stops when you return to work, or when the treating physician releases you for work or says that your injury has reached a point of maximum improvement. TD payments will not be extended beyond 104 compensable weeks within two years after the initial TD payment. Exempt are certain injuries that typically take longer to heal; they are subject to a cap of 240 weeks within a five-year period. During periods of TD, you are to refrain from engaging in any off duty collateral employment, unless approved by your Department Head and/or the Director of Human Resources.

How is Temporary Disability calculated?

The weekly TD rate is two-thirds of your average weekly earnings, subject to minimum and maximum amounts that the legislature determines.

The Workers Compensation Office recalculates TD payments made two or more years after the injury to reflect the rates in effect at the time of the payment.

How is Permanent Disability (PD) calculated and paid?

Your examining physician will report on any permanent impairment that may be considered a permanent disability. Under workers' compensation law, a PD rating involves the use of a specialized formula. This formula considers your age and occupation at the time of your

injury or illness, plus any permanent impairments that the examining physician may indicate. The PD rating yields a specific dollar amount. The exact amount depends on the date of injury, the percentage of disability, and your average weekly earnings at the time of injury. Once PD payments begin, you receive payments every two weeks at your PD rate. This rate is equal to two-thirds of your average weekly wages at the time of injury, subject to the established minimum and maximum rates.

When Does Permanent Disability start and stop?

Generally, if the City accepts your claim and your treating physician has determined that you have PD, payments begin within 14 days after the termination of TD and end when the total benefits have been paid. If we know the extent of your PD, we will continue the payments every two weeks until we have paid the full benefit. If we do not know the extent of your PD, payments will continue every two weeks until we have paid a reasonable estimate of your PD indemnity due.

How are death benefits calculated and paid?

The total death benefit is contingent on the number of surviving partial and total dependents at the time of injury or illness resulting in death. Once we determine the dependency, we pay the death benefit in installments at the decedent's TD rate. However, the rate must be no less than \$224 per week until we have paid the total death benefit, or, if dependency involves a minor child, until the minor child is 18 years old. For injuries on or

after January 1, 2003, benefits will be paid to a dependent child for life when physically or mentally incapacitated from earning. The next table shows the distribution of maximum death benefits.

What is the role and function of the primary treating physician?

Your treating doctor will decide what type of medical care you'll get for your injury or illness, determine when you can return to work, help identify the kinds of work you can do safely while recovering, refer to you to specialists, if necessary, and write medical reports that will affect the benefits you receive.

Can I choose the doctor who will treat me for my job injury?

Your ability to choose the doctor depends upon the following variables:

- **Medical Provider Network.** The City has established a medical provider network where a doctor from the network will be selected.
- **Group Health Insurance.** Since the City offers a group health insurance plan, you may predesignate your primary care physician who participates in that plan prior to an injury, if your primary care physician agrees to treat you for workers' compensation injuries.

If, in accordance with the above requirements, you have predesignated your personal physician, and the doctor has agreed to the predesignation (see form at the end of the booklet), then you may go to Occupational Health, who will immediately refer you to your

predesignated physician after your injury. *Note: All previous pre-designation forms are invalid as of 12/31/04.*

Prior to 1/1/05, if you have not predesignated, you may change your treating physician 30 days after report of the injury.

As established previously, the City must provide all new employees with a form on which they may predesignate their personal physician who has treated them in the past and has their medical treatment records.

Contact your claims examiner for more information.

How can I return to work as soon as possible?

To help you to return to work as soon as possible, you should actively communicate with your Payroll Office, your treating doctor, claims examiner, and department Return to Work Coordinator about the kinds of work you can do while recovering. They may coordinate efforts to return you to transitional duty or other work that is medically appropriate. This transitional or other duty may be temporary or may be extended depending on the nature of your injury or illness. Each time you have a doctor's appointment you are required to bring the completed Medical Status and Work Restrictions form from your doctor to your department. Failure to do so may jeopardize your supplemental benefits.

What if I become dissatisfied with my treatment?

If you are unhappy with the medical treatment you're receiving, you can take one of the following steps:

- **Contact your claims examiner** (see page 10 for contact information) and explain why you are dissatisfied. The claims examiner can try to resolve the problem with the physician.
- **Medical Network.** You may change to a physician of your choosing within the medical network, at any time, as many times as you wish. If you are still dissatisfied with your medical treatment, you may then request an Independent Medical Review through the State regarding the disputed treatment or diagnostic service. Contact your claims examiner for assistance.

The City will continue to pay the approved medical bills and reasonable transportation costs, so be sure to tell your claims examiner the name and address of your new physician.

You can also request a change of physician at any time during your injury. Your claims examiner must consider your request for a physician change.

May I file a workers' compensation claim if an injury occurs outside of work?

The City may not be liable for the payment of workers' compensation benefits for an injury resulting from your voluntary participation in any off-duty recreational, social, or athletic activity, which is not part of your work-related duties.

WORKERS' COMPENSATION FRAUD IS A FELONY

Anyone who makes or causes to be made any knowingly false or fraudulent material statement for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony, and may be punished by imprisonment in county jail for one year or in state prison for up to 5 years and/or fined up to \$150,000 or double the value of the fraud (whichever is greater), and ordered to pay restitution as determined by the court. (Ins. Code 1871.4). If you are being provided a temporary disability check, please note the following:

WARNING: You are required to report to your employer or the insurance company any money that you earned for work during the time covered by this check, and before cashing this check. If you do not follow these rules, you may be in violation of the law and the penalty may be jail or prison, a fine, and loss of benefits.

What if I have a recurrence and require further medical care?

If you require additional medical care for your injury after your original treatment has ended, you have one full year after your last treatment to notify the City (through your claims examiner) of your request for more medical care.

What if I have to change my line of work because of a workers' compensation injury?

If you have an injury that results in permanent work restrictions, you will be eligible to participate in the City's Permanent Disability Accommodation Program. Your departmental Return to Work Coordinator and the Citywide Return to Work Coordinator will attempt to accommodate your work restrictions in your current position, find a position within the department (if available) in which your work restrictions can be accommodated, or find a position within the City in which your work restrictions can be accommodated. Once your injury becomes permanent and stationary, you will be sent the *Permanent Disability Accommodation Program Enrollment* form to determine if you are interested in this program.

For injuries before January 1, 2004, if you are unable to return to your job due to a workers' compensation injury, you may qualify for vocational rehabilitation benefits. Your rehabilitation plan may be as simple as modifying your current job to accommodate any limitations you have suffered, or it may involve training for a new job. A Vocational Rehabilitation Counselor will help you obtain any needed services. This service will be arranged for you by your claims examiner.

For injuries before January 1, 2004, a represented employee may agree to settle his/her right to future vocational rehabilitation with a one-time payment which cannot be more than \$10,000.

For injuries on or after January 1, 2004, if your injury results in permanent

disability, and you are unable to return to work within 60 days after the last payment of temporary disability, and the City does not offer modified or alternative work, a non-transferable voucher for education-related costs is payable to a state-approved school. The voucher can range from \$4,000 to \$10,000 depending on the level of your permanent disability.

This benefit is called a Supplemental Job Displacement Benefit (SJDB).

What are my protections against discrimination for filing a workers' compensation claim?

It is illegal for the City to punish or fire you for reporting a work injury or illness, for filing a workers' compensation claim, or for testifying in another person's workers' compensation case. If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the State. If you believe you have experienced discrimination because of your injury, you should discuss your rights with an Information and Assistance Officer at the State Division of Workers' Compensation or with an attorney.

What if I have not received the benefits I think I should have?

If you have not received the benefits you think you should have, ask for an explanation from your claims examiner. Misunderstandings and errors sometimes do occur, but you can resolve most of them by talking with your department's Personnel/Payroll Assistant or your claims examiner.

If you are not satisfied with their answers, you have several options. You can consult with an Information and Assistance Officer of the Division of Workers' Compensation. You can also file an Application for Adjudication of Claim with the Workers' Compensation Appeals Board (WCAB) to resolve your claim formally. The State's Information and Assistance Officer can help you file the Application for Adjudication of Claim.

Some problems may need to be resolved by the Workers' Compensation Appeals Board, the state agency responsible for handling disputes. The Appeals Board is a court of law. You can represent yourself or you can hire an attorney, but you should be aware that attorneys are paid out of the injured worker's permanent disability benefits awarded by the Appeals Board. Attorney fees generally are 12 to 15 percent of your award, and must be approved by a judge. For example, if you received a \$10,000 permanent disability award less 15 percent for attorney fees, your attorney would get \$1,500 and you would receive \$8,500. In addition, if you have a pre-2004 injury and are eligible for vocational rehabilitation, your attorney will get 12 to 15 percent of the usual \$246 per week vocational rehabilitation maintenance allowance. In this situation, if your attorney gets 15 percent, he or she would receive \$36.90 per week, reducing your weekly maintenance allowance to \$209.10.

You have the right to consult with and be represented by an attorney. You also need to be aware that if you hire an attorney, other people involved in your case - including your claims examiner - may no longer be allowed to speak

directly to you about important matters related to your workers' compensation claim, and the Division of Workers' Compensation Information & Assistance Officers may be unable to advise or assist you. If you choose to stop having an attorney represent you, or you want to change attorneys, your original attorney can still claim a portion of your benefits as attorney fees.

Are there time limits for filing a claim?

Yes. City policy requires that all injuries be reported within 24 hours of occurrence. In addition, should you disagree with any of the City's actions, in order to protect your rights you must commence proceedings before the Workers' Compensation Appeals Board by filing an Application for Adjudication of Claim within five (5) years of the date of injury, or one year from the last furnishing of medical treatment or benefits by the City. It is very important that you act promptly so as not to risk losing your benefits because you waited too long.

CITY'S WORKERS' COMPENSATION OFFICE

PHONE: (562) 570-2245 FAX: (562) 570-2220

DEPARTMENT WORKERS' COMPENSATION CONTACT TELEPHONE NUMBERS

City Attorney.....	(562) 570-2208
Human Resources.....	(562) 570-6476
City Auditor.....	(562) 570-6267
Legislative.....	(562) 570-6605
City Clerk.....	(562) 570-6981
Library Services.....	(562) 570-6110
City Manager.....	(562) 570-6835
Long Beach Energy.....	(562) 570-2069
City Prosecutor.....	(562) 570-5621
Oil Properties.....	(562) 570-3925
Civil Service.....	(562) 570-6785
Parks, Recreation, & Marine.....	(562) 570-3184
Community Development.....	(562) 570-5818
Planning & Building.....	(562) 570-6680
Financial Management.....	(562) 570-7006
Police.....	(562) 570-7310
Fire.....	(562) 570-2555
Public Works.....	(562) 570-4686
Harbor.....	(562) 590-4129
Technology Services.....	(562) 570-6998
Health & Human Services.....	(562) 570-4012
Water.....	(562) 570-2379

STATE DIVISION OF WORKERS' COMPENSATION INFORMATION AND ASSISTANCE OFFICERS

ANAHEIM.....	714/738-4038
RIVERSIDE.....	951/782-4347
BAKERSFIELD.....	661/395-2514
SACRAMENTO.....	916/263-2741
EUREKA.....	707/441-5723
SALINAS.....	831/443-3058
FRESNO.....	559/445-5355
SAN BERNARDINO.....	909/383-4522
GOLETA.....	805/968-4158
SAN DIEGO.....	619/767-2082
GROVER BEACH.....	805/481-3380
SAN FRANCISCO.....	415/703-5020
LONG BEACH.....	562/590-5240
SAN JOSE.....	408/277-1292
LOS ANGELES.....	213/576-7389
SANTA ANA.....	714/558-4597
OAKLAND.....	510/622-2861
SANTA MONICA.....	310/452-1188
OXNARD.....	805/485-3528
SANTA ROSA.....	707/576-2452
POMONA.....	909/623-8568
STOCKTON.....	209/948-7980
REDDING.....	530/225-2047
VAN NUYS.....	818/901-5374

(800) 736-7401 (Recorded information only)



City of Long Beach

PREDESIGNATION OF PHYSICIAN FORM

Workers' Compensation Claims Office
 (562) 570-2245 / (562) 570-2220 FAX

(Please print clearly)

To Be Completed By Employee

In the event of a work-related injury or illness, I request to be treated by my personal physician. I understand this designation must be made prior to the date of injury.

The physician I selected meets the following criteria:

- Maintains a practice within a reasonable geographical area from my residence or work location.
- Is a licensed physician pursuant to Chapter 5 of Division 2 of the Business and Professions Code.
- Has previously directed my medical treatment and is my regular physician.
- Retains my treatment records including my medical history.
- Agrees prior to the injury to be designated as my physician in the event an industrial injury occurs.

If my personal physician is not qualified to treat the injury or declines to provide treatment my employer will direct my treatment to an appropriate physician.

Both of the following sections must be completed and submitted to Workers' Compensation prior to any date of injury in order for this pre-designation to be valid.

Employee Name _____

Employee Social Security Number _____

Pre-designated Physician's Name _____

Physician's Address _____

Physician's Telephone Number (____) _____

Employee Signature _____ Date _____

To Be Completed By Physician

PHYSICIAN'S AGREEMENT TO CRITERIA FOR PREDESIGNATION

1. I am a physician who is licensed pursuant to Chapter 5 of Division 2 of the Business and Professions Code.
2. I have previously directed medical treatment of the employee as his/her regular physician.
3. I retain the employee's medical treatment records, including his or her medical history.
4. I agree to treat this employee for a work-related injury.
5. I have signed this agreement prior to the employee sustaining an industrial injury.
6. I understand my reporting requirements outlined by Rules and Regulations 9785 through 9785.5.
7. I understand that per LC 4604.5 and LC 4610 my treatment requests will be reviewed through Utilization Review to determine medical necessity in accordance with the American College of Occupational and Environmental Medicine (ACOEM). Further, this guideline can be utilized to approve, modify, delay, or deny a medical treatment request.
8. I acknowledge the application of the Official Medical Fee Schedule to my charges relating to medical treatment for this work related injury.

I, _____, am a physician. I have read and certify that I meet, and will adhere to, the requirements listed above as the pre-designated personal physician for

(Employee's Name)

Physician Signature _____ Date _____