

Data: Bills and Requests for Authorization

Building technology since 2012 to support California workers' comp

4,138

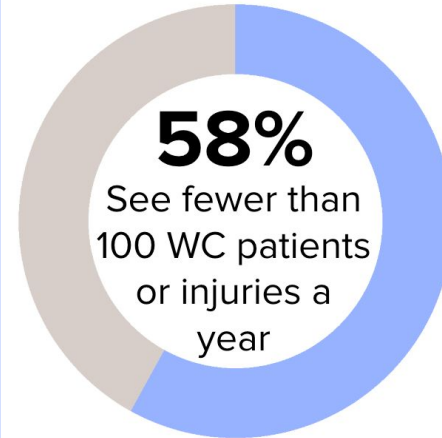
CA Provider Count in last 365 days

Last 365

3.4 M +

CA Workers' Comp Bills

CA Providers: Large and Small



Since 2012

19 M +

CA Workers' Comp Bills

60+ Provider Specialties

- Orthopedic Surgery
- Chiropractic
- Acupuncture
- Physical Therapy
- Anesthesiology
- Psychology
- Physical Medicine & Rehabilitation
- Interpreters
- Nurse Practitioners
- Psychiatry & Neurology
- Radiology
- Occupational Therapy

220 K +

CA Requests for Authorization (RFAs)

1.3 M +

CA RFAs since 2014

620 K +

CA Injured Worker Claims

2.7 M +

CA Injured Workers Claims

<100 Injured Workers / year
≥100 Injured Workers / year

daisyBill.com: Claims Administrator Directory

The screenshot displays the daisyData Claims Administrator and Network Directory. At the top, there are navigation links for daisyNews, Claims Admin Directory, and Solutions. The daisyBill logo is in the center, with Company, Log In, and Schedule a Call buttons on the right. Below the header, the daisyData logo and subtitle 'Claims Administrator and Network Directory' are shown. A row of six summary cards provides key metrics: 9,331 Provider Count, 770,642 Injury Count, 4,052,824 Bill Count, 91% e-Bill %, 3% Duplicate Bill %, and 9.6 Avg Days To Pay. The main section is titled 'Claims Administrators and Networks' and includes a search bar. A table lists several claims administrators with their respective metrics. The EDI Grade column is highlighted with a red box, and red arrows point to the first two rows of the table.

Name	Type	Provider Count	Injury Count	Bill Count	e-Bill %	EDI Grade	Duplicate Bill %	Avg Days To Pay	
Sedgwick Claims Management Services, Inc.	TPA	4,902	136,022	663,515	95%	D	4%	9	View
Gallagher Bassett Services Inc.	TPA	3,712	46,214	237,342	99%	B	2%	6	View
State Compensation Insurance Fund (CA)	Insurance	2,447	41,515	211,359	100%	A	0%	7	View
CorVel	TPA	3,508	32,600	190,659	93%	A-	1%	7	View
Intercare Holdings Insurance Services, Inc.	TPA	1,824	26,170	146,008	95%	C-	1%	10	View
Liberty Mutual Insurance	Insurance	2,984	23,968	137,024	96%	A-	1%	7	View

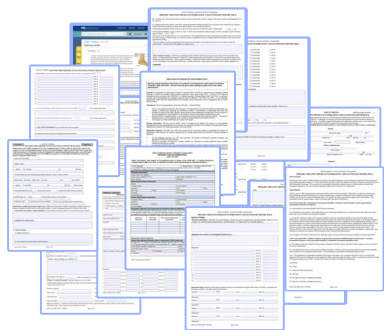
A Promise Unkept

June 2026 daisyBill Comments



Critique 1

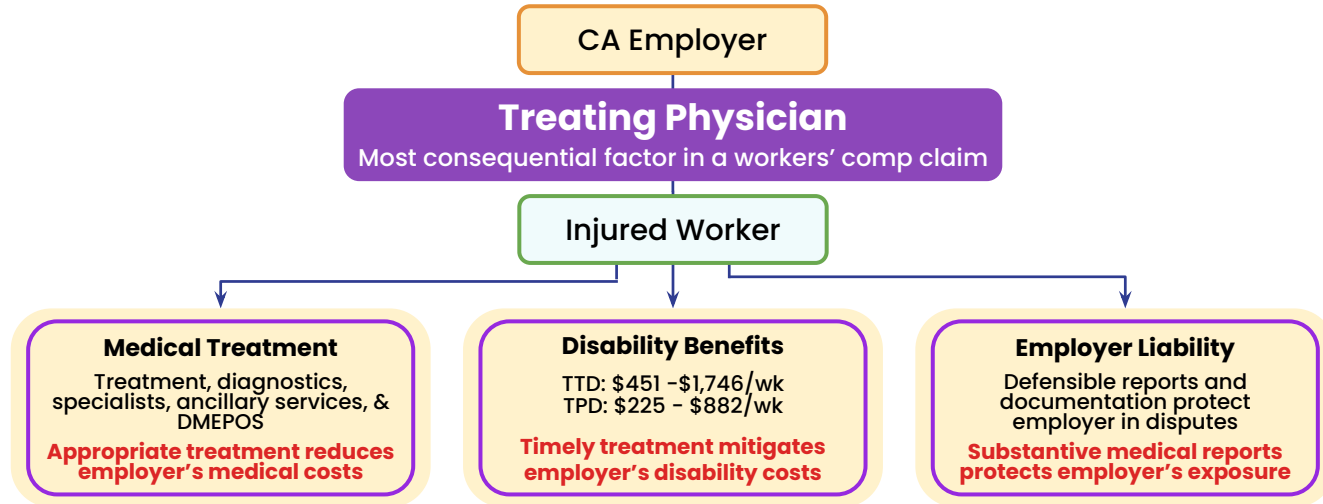
DWC cannot currently manage a functioning MPN system, and it is incapable of implementing and maintaining a larger, more complex QMT credentialing network.



Critique 2

The cause of physician reporting non-compliance is not due to inadequate training, it is the burden of administration itself.

Treating Physicians: Essential to Contain Employer's Costs



Medical Treatment

The treating physician directs all aspects of care — treatment plans, diagnostics, specialist referrals, ancillary services, and medical equipment. Timely access to a qualified physician contains costs; poor or delayed access drives them up.

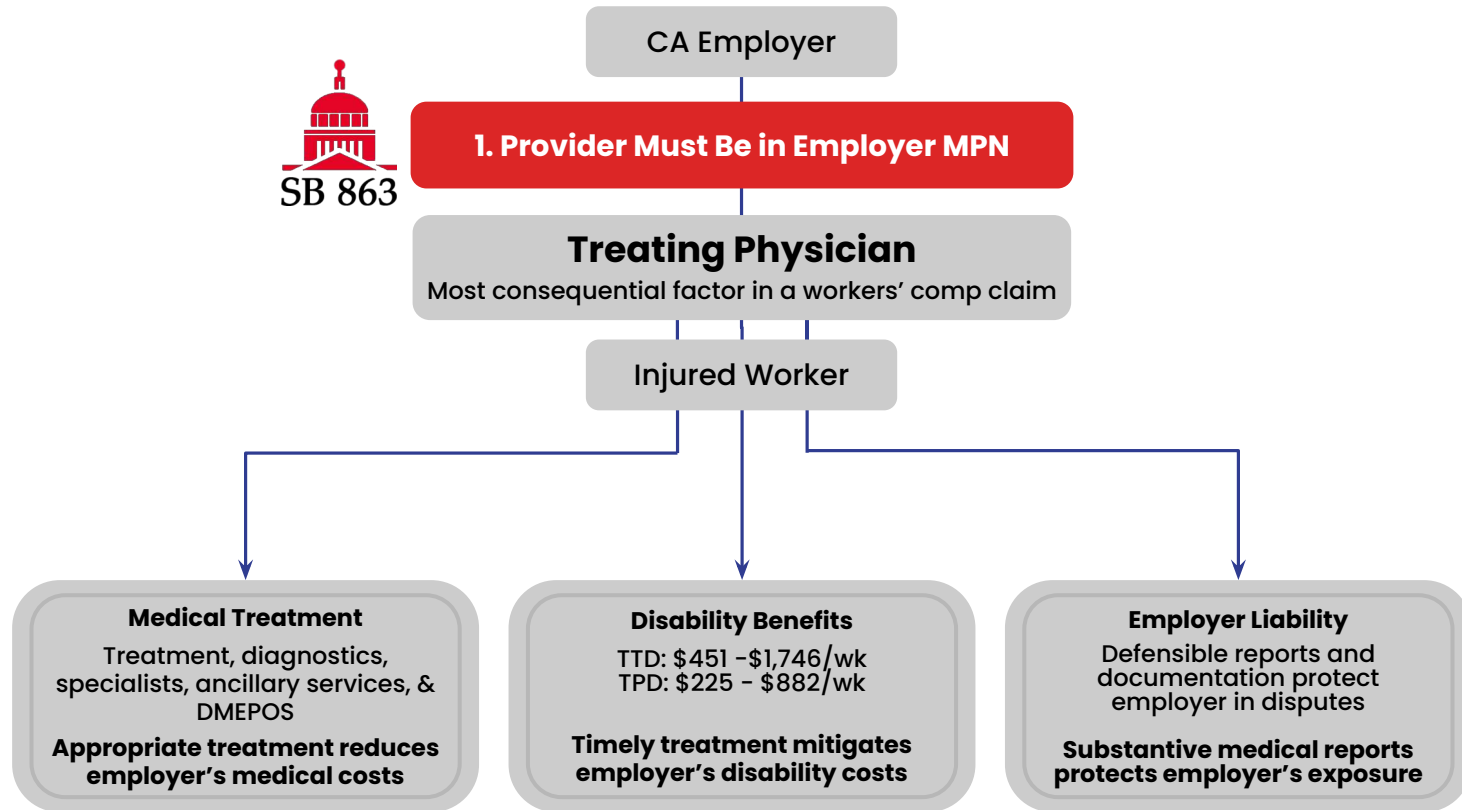
Disability Benefits

Every day an injured worker waits for care is a day the employer pays disability. In California, Temporary Total Disability can reach **\$1,746/week**; Temporary Partial Disability up to **\$882/week**. Delayed care means delayed return to work — with the disability meter running the entire time.

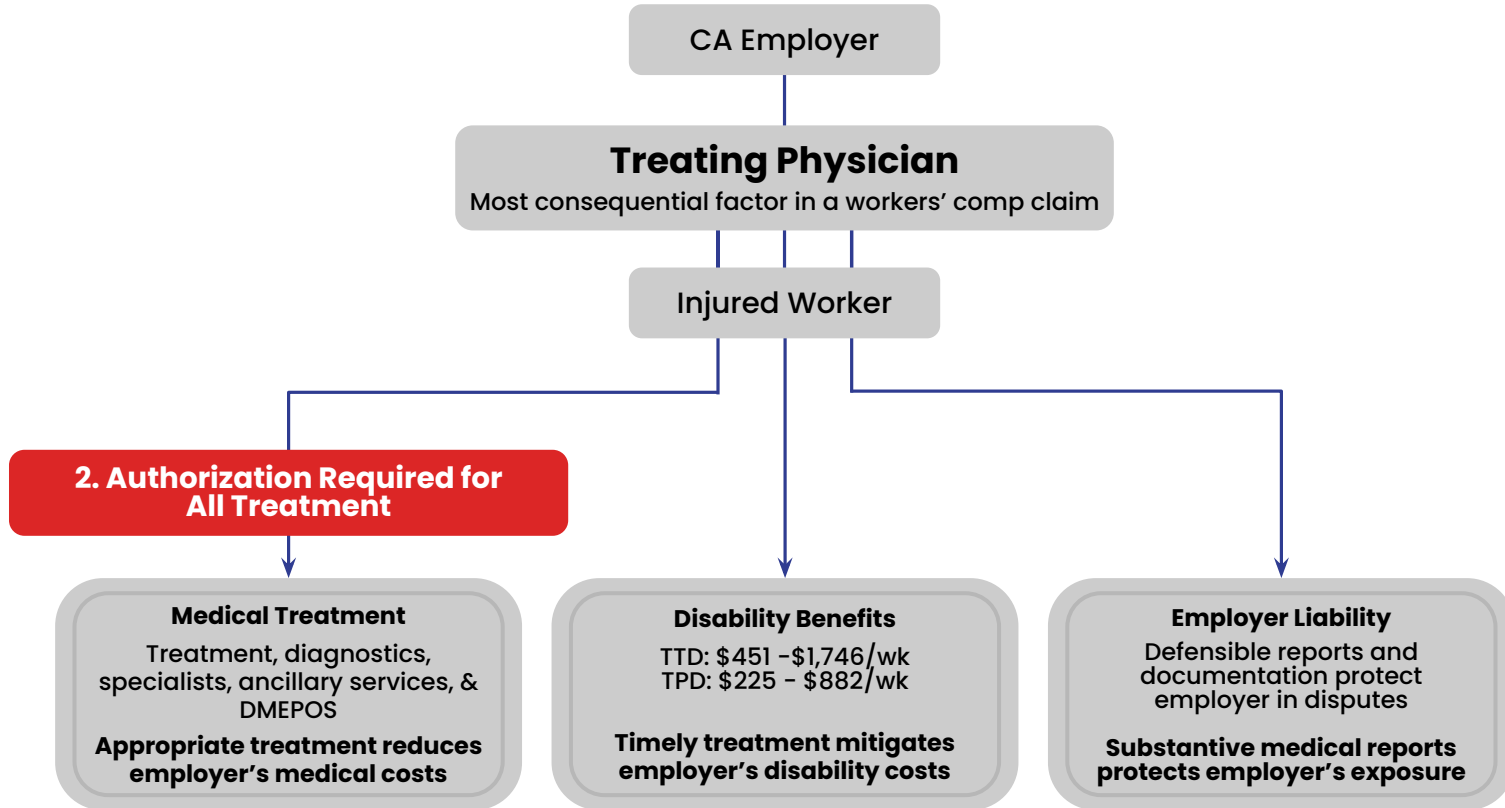
Employer Liability

When compensability is disputed, the employer's defense rests on the treating physician's documentation. A qualified, engaged physician produces defensible reports that protect the employer. An unqualified or disengaged one creates exposure.

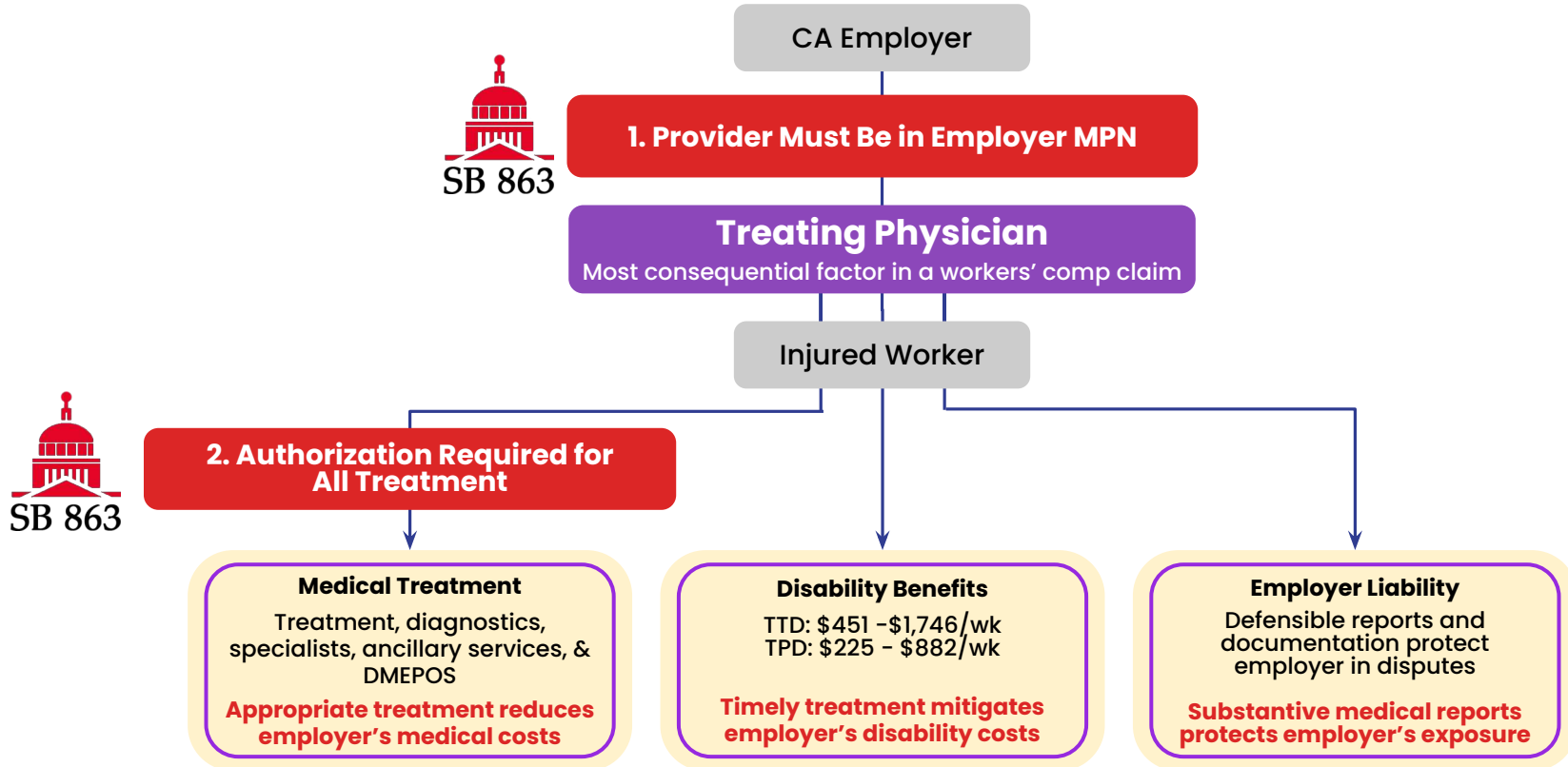
SB 863: Treating Physician Must Be in Employer's MPN



SB 863: All Treatment Requires Prior Authorization

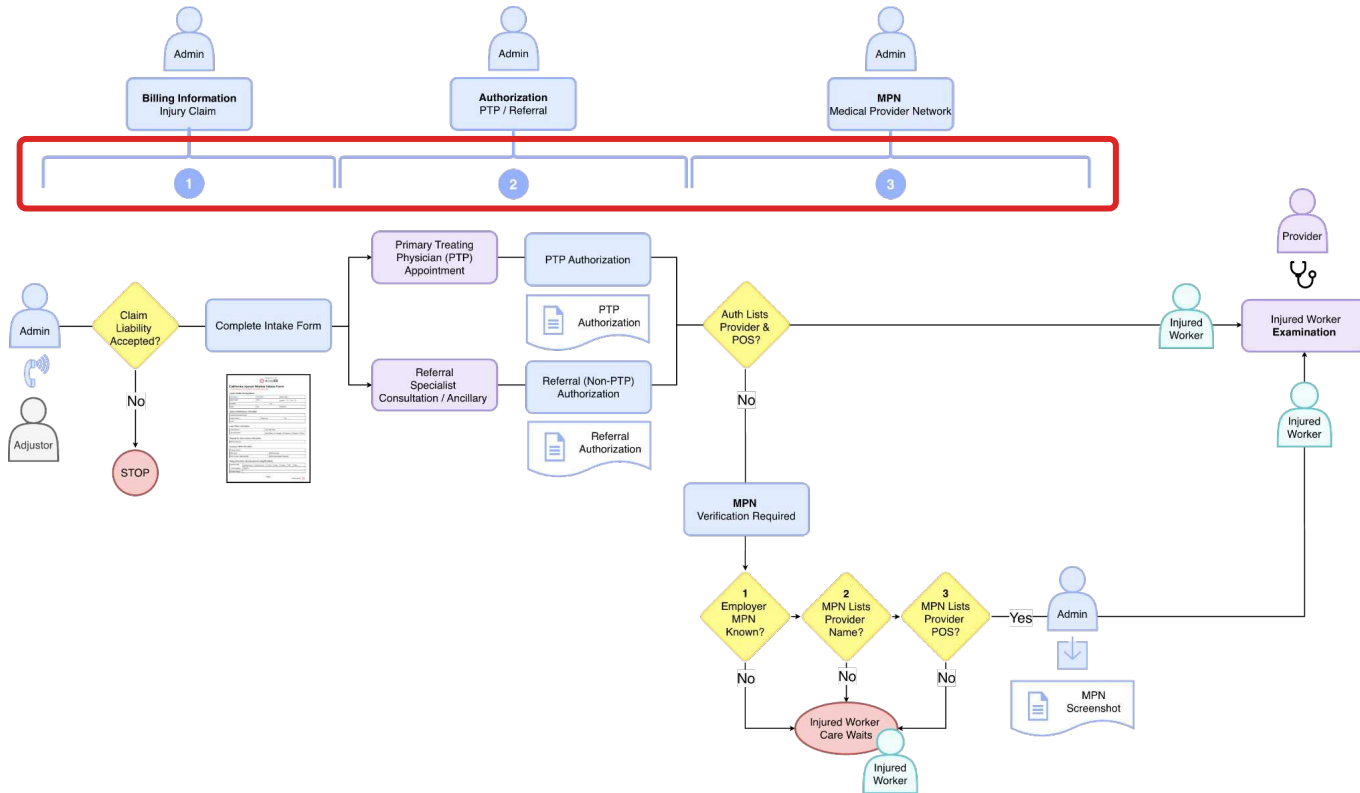


SB 863: Payers Control Injured Workers' Care



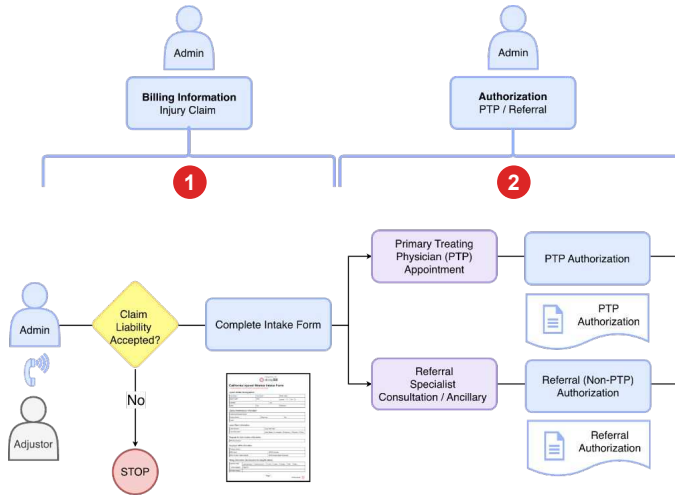
Initial Visit: Three Provider Administrative Steps Required

Injured Worker **Initial Visit** Workflow: Primary Treating Physician (PTP) and Non-PTP



Steps 1 and 2: Collect Intake Information and Authorization

Access Form: <https://bit.ly/44ezw4k>



POWERED BY daisyBill

California Injured Worker Intake Form

* Indicates required for compliant workers' compensation medical billing

Injured Worker Demographics

Last Name:*	First Name:*	Middle Initial:
Date of Birth:*	SSN:*	Gender: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> U
Address:*		City:*
State:*	Zip:*	Telephone:

Claims Administrator Information

Claims Administrator Name:*		
Adjuster Name:	Telephone:	Fax:
Email:		

Injury Claim Information

Claim Number:*	Injury Start Date:*
Injury Description:	
Claim Status: <input type="checkbox"/> Accepted <input type="checkbox"/> Disputed <input type="checkbox"/> Denied <input type="checkbox"/> Other	

Request for Authorization Information

RFA Fax Number:*

Employer MPN Information

Referrer Name:*	
MPN Name:	MPN ID Number:
MPN Provider Roster Website:	MPN Provider Roster Password:

Billing Information (Not required for daisyBill clients)

Electronic Bills	Clearinghouse: <input type="checkbox"/> Data Dimensions <input type="checkbox"/> CorVel <input type="checkbox"/> Jspart <input type="checkbox"/> Availity <input type="checkbox"/> PSP <input type="checkbox"/> Other
<input type="checkbox"/> Not Accepted	Payer ID:
Bill Mail Address	

Page 1 © 2026 daisyBill

POWERED BY daisyBill

California Injured Worker Authorization Information

* Indicates required information to dispute authorization payment details

Primary Treating Physician Authorization

If the provider is the injured worker's PTP a document from the claims administrator's adjuster confirming the provider's PTP status is required. Without this document, the claims administrator may deny reimbursement for bills, citing the provider as out-of-network, or deny reimbursement for PR-2 reports, citing the provider as not the PTP.

Is the provider being designated as Primary Treating Physician (PTP)? Yes No

If no, proceed to Referral Appointment (Non-PTP) Authorization

Authorized PTP Name:

Authorized PTP Place of Service address:

PTP Document Receipt? Yes No

For billing purposes, upload the document received designating the provider as PTP to the Claim Injury documents in daisyBill

Referral Appointment (Non-PTP) Authorization

If the injured worker is referred to a provider for secondary or incidental treatment or services, a document from the claims administrator's adjuster confirming that the provider is authorized to furnish such treatment or services is required. Without this authorization document, the claims administrator may deny reimbursement for bills, citing that the provider is out-of-network.

Referral Appointment (Non-PTP)? Yes

Referral Authorization Receipt? Yes No

Referral Lists Provider Name? Yes No

Referral Lists Provider Place of Service? Yes No

For billing purposes, upload the document received authorizing Referral appointment to Claim Injury documents in daisyBill

Authorized Provider Name:

Authorized Provider Place of Service (POS) Address:

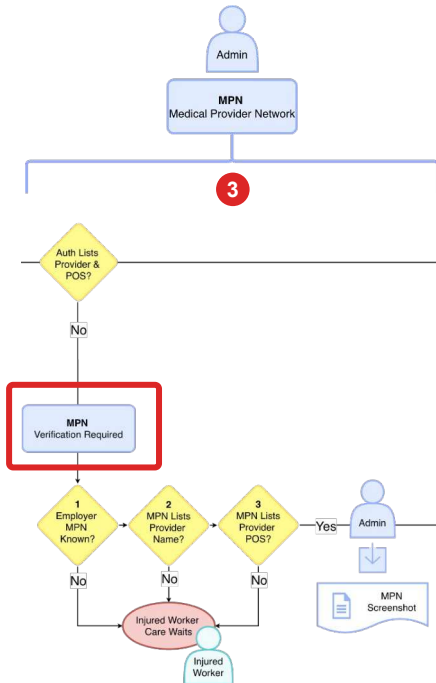
Additional Notes

Completed By: _____ Date: _____

Page 2 © 2026 daisyBill

Step 3: Medical Provider Network Verification

To receive payment for initial examination, provider needs proof of inclusion in MPN



Claims Administrator	CA Bill Submission Count Total	Denial Count	MPN Denial Count	MPN Denial % Overall Denial
Sedgwick Claims Management Services, Inc.	657,255	94,097	26,947	29%
Employers Compensation Insurance Company	35,325	12,155	7,339	60%
Insurance Company of the West	76,405	26,843	4,398	16%
AmTrust North America, Inc.	118,590	34,836	4,039	12%
QBE North American	4,960	1,222	540	44%
CNA Insurance	20,252	5,223	195	4%
The Hartford	84,588	19,880	163	1%
Benchmark Administrators	11,819	3,158	132	4%
Keenan & Associates	65,738	3,958	106	3%
The Zenith	24,289	5,686	45	1%

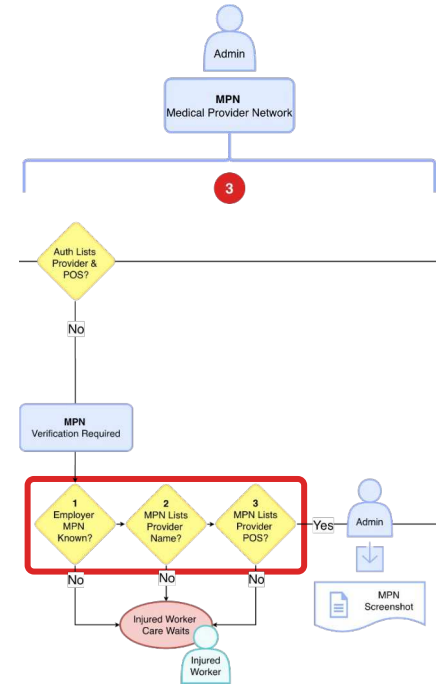
1/1/2025 thru 4/30/2026

2,533 MPNs: Finding the Right One

2,533 Approved MPNs

Showing 1 to 25 of 2,533 entries

MPN ID#	Name of Applicant	Mailing Address	Name of MPN	Type of Applicant	Date of Approval (yyyy/mm/dd)	Website Address of MPN	MPN Approval Status
1865	Administrative Office of the Courts	455 Golden Gate Avenue San Francisco, CA 94102	CorVel MPN	State	2011/08/23		T
325	State Of California	1515 S Street, North Building Suite 400 Sacramento, CA 95811	State Fund Medical Provider Network	State	2005/08/29		T
612	State Compensation Insurance Fund	333 Bush St., 8th Floor San Francisco, CA 94104	State Fund Medical Provider Network	State	2005/06/09		T
175	Judicial Council of California	455 Golden Gate Avenue San Francisco, CA 94102	First Health CompAmerica Primary HCO	State	2005/02/16		T
3231	The Wonderful Company LLC	11444 W. Olympic Blvd Los Angeles, CA 90064	The Wonderful Company MPN	Self-Insured Employer	2028/03/18	www.corvel.com	
3213	University Of Southern California	3500 Figueroa Street, UGB Suite 105 Los Angeles, CA 90089	USC MPN	Self-Insured Employer	2024/11/15	www.corvel.com	
3208	County Of Orange	P.O. Box 327 Santa Ana, CA 92702	County Of Orange MPN	Self-Insured Employer	2024/05/16	https://netrvd.com/OrangeCountyMPN/	
3209	San Diego Unified School District	4100 Normal Street, Room 3251 San Diego, CA 92103	San Diego Unified School District MPN	Self-Insured Employer	2024/05/16	https://netrvd.com/SDUSQMPN/	
3200	County Of San Luis Obispo	1055 Monterey Street, Six. D-250	SLO County MPN	Self-Insured Employer	2024/03/05	https://www.corvel.com	W



CA State Fund: One Active Approved MPN, One Website

www.statefundca.com/sfmpn

1
Employer
MPN
Known?

2
MPN Lists
Provider
Name?

3
MPN Lists
Provider
POS?

Showing 1 to 3 of 3 entries (filtered from 2,533 total entries)

ID	MPN ID#	Name of Applicant	Mailing Address	Name of MPN	Type of Applicant	Date of Approval (yyyy/mm/dd)	Website Address of MPN	MPN Approval Status
88	3136	State Compensation Insurance Fund	5890 Owens Drive, Bldg C, 2nd Floor Pleasanton, CA 94588	State Fund MPN	Insurer	2019/10/16	www.statefundca.com/sfmpn	

State Fund

statefundMPNMAA@scif.com [email](mailto:statefundMPNMAA@scif.com)
888-782-8338 Medical Access Assistant [toll free](tel:888-782-8338)

CA MPN Roster of All Participating Providers [↓](#) CA MPN Roster of All Treating Physicians [↓](#)

State Fund MPN Provider Finder

By Name **+ By Specialty/Services** Regional Area Listings

Enter a Specialty Enter Address, City, or Zip within California [🔍](#)

To search for Telehealth providers, type "Telehealth"

[PHARMACY SEARCH](#) [ADVANCED SEARCH](#)

See your provider without leaving your home!
Search for network providers offering telehealth by filtering your search results.
[Learn More](#)

Sedgwick: 294 Approved MPN Entries

URL: <https://data.ca.gov/dataset/d607b6e5-3799>

Updated on: 04/01/2026

NOTE: The status of the MPNs on this list were previously updated on 04/01/2026. No updates have been made since that date. Please contact the DWC Medical Unit to verify the status of a specific MPN.

MPN List Approved By Date

Add Filter

Show 25 entries:

Showing 1 to 25 of 294 entries (Filtered from 2,533 total entries)

Search: sedgwick

MPN ID#	Name of Applicant	Mailing Address	Name of MPN	Type of Applicant	Date of Approval (yyyy/mm/dd)	Website Address of MPN
3228	Careworks Managed Care Services, Inc.	8125 Sedgwick Way Memphis, TN 38125	CareWorks Advantage Plus 2 MPN	Entity that provides physician network services	2025/12/17	www.careworksproviders.com/advantageplus2
3227	Careworks Managed Care Services, Inc.	8125 Sedgwick Way Memphis, TN 38125	CareWorks Advantage 2 MPN	Entity that provides physician network services	2025/12/17	www.careworksproviders.com/advantage2
3224	Careworks Managed Care Services, Inc.	8125 Sedgwick Way Memphis, TN 38125	Careworks Advantage Plus MPN	Entity that provides physician network services	2025/06/18	www.careworksproviders.com/advantageplus
3223	Careworks Managed Care Services, Inc.	8125 Sedgwick Way Memphis, TN 38125	Careworks Advantage MPN	Entity that provides physician network services	2025/06/13	www.careworksproviders.com/advantage
3214	OCM Coastal Acquisition Co., LLC	P.O. Box 4240 Clinton, IA 52733	Sedgwick/Harbor MPN - ABM Industries	Entity that provides physician network services	2024/11/12	www.sedgwickproviders.com/ABM
3211	OCM Coastal Acquisition Co., LLC	P.O. Box 4240 Clinton, IA 52733	Sedgwick/Harbor MPN - Lowes	Entity that provides physician network services	2024/06/24	www.sedgwickproviders.com/Lowes
3188	OCM Coastal Acquisition Co., LLC	P.O. Box 4240 Clinton, IA 52733-4240	Sedgwick/Harbor MPN - Compass	Entity that provides physician network services	2023/04/03	www.sedgwickproviders.com/Compassgroup
3183	OCM Coastal Acquisition Co., LLC	P.O. Box 4240 Clinton, IA 52733	Sedgwick/Harbor 3 MPN	Entity that provides physician network services	2022/11/14	www.sedgwickproviders.com/CA-MPN3
3161	OCM Coastal Acquisition Co., LLC	P.O. Box 4240 Clinton, IA 52733	Sedgwick/Harbor MPN - Reyes	Entity that provides physician network services	2021/12/15	www.sedgwickproviders.com/reyes

dwc-medical-provider-network-mpn--List of Approved MPNs

Sort: MPN Approval Status

MPN: No Employer Name Listed

- Sedgwick Extended Medical Provider Network
- Sedgwick Standard Medical Provider Network
- Careworks MPN
- Careworks Advantage Plus MPN
- Sedgwick/Harbor MPN
- Sedgwick/Harbor 3 MPN
- Sedgwick/Harbor 2 MPN
- WellComp MPN
- Sedgwick/Harbor MPN – DTFD
- Sedgwick/Harbor MPN – DESC
- Sedgwick/Harbor MPN – CEC
- Sedgwick/Harbor MPN – AG
- etc.

Sedgwick MPN: CareWorks Advantage Plus 2

CALIFORNIA OPEN DATA PORTAL

FIRE DATA DATASETS ORGANIZATIONS TOPICS STATE PORTALS DOCUMENTATION PORTAL METRICS CA STATE GEOPORTAL ABOUT

Organizations / California Department of... / DWC Medical Provider Network (MPN) / List of Approved MPNs

List of Approved MPNs Download Data API

URL: <https://data.ca.gov/dataset/d607b6e5-3792-4403-8d0d-b16090d84ac0/resource/7a4fe0c3-68d4-4a18-bb3c-61fb7b2c1e32/download/mpnapprovedbydate.xlsx>

Updated on: 04/01/2026

NOTE: The status of the MPNs on this list were produced and processed from information known to DWC as of 04/01/2026. However, changes may have been made since that date. Please contact the DWC Medical Unit to verify the information provided for a specific MPN.

MPN Website: CareWorks Advantage Plus 2 MPN #3228

Show 25 entries:

Showing 1 to 25 of 284 entries (filtered from 2,533 total entries)

Search: sedgwick

id	MPN ID#	Name of Applicant	Mailing Address	Name of MPN	Type of Applicant	Date of Approval (yyyy/mm/dd)	Address of MPN	MPN Approval Status
5	3228	Careworks Managed Care Services, Inc.	8125 Sedgwick Way Memphis, TN 38125	CareWorks Advantage Plus 2 MPN	Entity that provides physician network services	2025/12/17	www.careworksproviders.com/advantageplus2	
6	3227	Careworks Managed Care Services, Inc.	8125 Sedgwick Way Memphis, TN 38125	CareWorks Advantage 2 MPN	Entity that provides physician network services	2025/12/17	www.careworksproviders.com/advantage2	
10	3224	Careworks Managed Care Services, Inc.	8125 Sedgwick Way Memphis, TN 38125	Careworks Advantage Plus MPN	Entity that provides physician network services	2025/06/18	www.careworksproviders.com/advantageplus	
11	3223	Careworks Managed Care Services, Inc.	8125 Sedgwick Way Memphis, TN 38125	Careworks Advantage MPN	Entity that provides physician network services	2025/06/13	www.careworksproviders.com/advantage	
19	3214	OCM Coastal Acquisition Co., LLC	P.O. Box 4240 Clinton, IA 52733	Sedgwick/Harbor MPN - ABM Industries	Entity that provides physician network services	2024/11/12	www.sedgwickproviders.com/ABM	
22	3211	OCM Coastal Acquisition Co., LLC	P.O. Box 4240 Clinton, IA 52733	Sedgwick/Harbor MPN - Lowes	Entity that provides physician network services	2024/06/24	www.sedgwickproviders.com/Lowes	
46	3188	OCM Coastal Acquisition Co., LLC	P.O. Box 4240 Clinton, IA 52733-4240	Sedgwick/Harbor MPN - Compass	Entity that provides physician network services	2023/04/03	www.sedgwickproviders.com/Compassgroup	
56	3183	OCM Coastal Acquisition Co., LLC	P.O. Box 4240 Clinton, IA 52733	Sedgwick/Harbor 3 MPN	Entity that provides physician network services	2022/11/14	www.sedgwickproviders.com/CA-MPN3	
61	3165	OCM Coastal Acquisition Co., LLC	P.O. Box 4240 Clinton, IA 52733	Sedgwick/Harbor MPN - CMHS	Entity that provides physician network services	2022/05/18	www.SedgwickProviders.com/c	T

dwc-medical-provider-network-mpn - List of Approved MPNs

Sort: Date of Approval (yyyy/mm/dd)

1 2 3 4 5 ... 12 >

MPN Website: Roster of Treating Physicians/Providers

www.careworksproviders.com/advantageplus2

Advantage Plus 2 MPN



Intro Address Search Name Search Region/Provider Listings Directory of TeleHealth Providers **Roster of Treating Physicians/Providers** User Guide

Advantage Plus 2 MPN

Intro Address Search Name Search Region/Provider Listings Directory of TeleHealth Providers **Roster of Treating Physicians/Providers** User Guide

The following pregenerated Directories are available:

- [CAREWORKS ADVANTAGE PLUS 2 MPN CA MPN ROSTER OF ALL PARTICIPATING PROVIDERS](#)
- [CAREWORKS ADVANTAGE PLUS 2 MPN CA MPN ROSTER OF TREATING PHYSICIANS](#)**

MPN Directory - 531 Pages

Advantage Plus 2 MPN

This Directory is 531 pages. Your computer may not have enough memory to load it all at once. You can attempt to load the entire Directory anyway or you can load it section-by-section.

[View Entire Directory.](#)

View Directory in segments of 50 pages 100 pages 250 pages 500 pages

100 pages per link:

- [Pages 1-100 \(+ Front Cover & Table of Contents\)](#)
- [Pages 101-200](#)
- [Pages 201-300](#)
- [Pages 301-400](#)
- [Pages 401-500](#)
- [Pages 501-531 \(+ Provider Index\)](#)

Website warns that user's computer may not have enough memory to load directory all at once

Click this link to go to the first 100 pages of PDF

MPN Verification: Dated Screenshot Required

Provider roster **screenshot** required to dispute payment denial

Explanation of Review (835) [Download EOR PDF](#)

For a bill sent electronically, the Payer responds by electronically sending EOR data to the provider. The following is the EOR data the Payer sent to daisyBill using the noted 835 file.

Payee

Name: [Redacted] FEIN: [Redacted]
Address: [Redacted] NPI: [Redacted]
State License Number: [Redacted]

Payment

Payment Method: Non-Payment Data Payment Reference Number: [Redacted]
Payment Effective Date: 01/07/2026 Payment Total: \$0.00

Procedure Payments

Service Date	Procedure	Modifier	Units	Charge	Adjustment 1	Payment
11/17/2025	99214	-	1.0	\$266.20	\$266.20 242	\$0.00
11/17/2025	WC002	-	1.0	\$20.44	\$20.44 242	\$0.00
Total				\$286.64	\$286.64	\$0.00

Adjustment Explanations

242	CARC - Services not provided by network/primary care providers. Notes: This code replaces deactivated code 38
-----	---

EMPLOYERS
America's small business insurance specialist.®

ProviderFinder

Start New Search | Help MPN Name: Employers MPN

Provider Details [Map](#)

County: [Redacted]
Phone: [Redacted]

Specialty: [Orthopedic Surgery^C](#)
Gender: Male
Hospital Affiliations: [Alhambra Hospital Medical Center](#)
[Cedars-Sinai Medical Center](#)
[Northridge Hospital Medical Center](#)
[Providence St Joseph Hospital](#)
[Southern California Healthcare System](#)
[Southern California Hospital at Hollywood](#)
[Southern California Hospital at Van Nuys](#)
[Southern California Hospital at Van Nuys](#)
[Southern California Hospital of Culver City](#)
[Valley Presbyterian Hospital](#)
[White Memorial Medical Center](#)

[Report Provider Data](#)

The information contained within this system, utilized for defining and locating physicians as to Specialty, Subspecialty, Fellowships, and Self-declared Practice Focus are only represented based upon available information, not verified in all cases by primary source. This applies most particularly to "Practice Focus" which is a self-designated area of expertise or interest by physicians.

[Back to Search Results](#) [Start New Search](#)

To report inaccuracies in the provider information listed, please contact us at (866) 700-2168. You may also email us at AWCCustomerRelations@cvtv.us.com

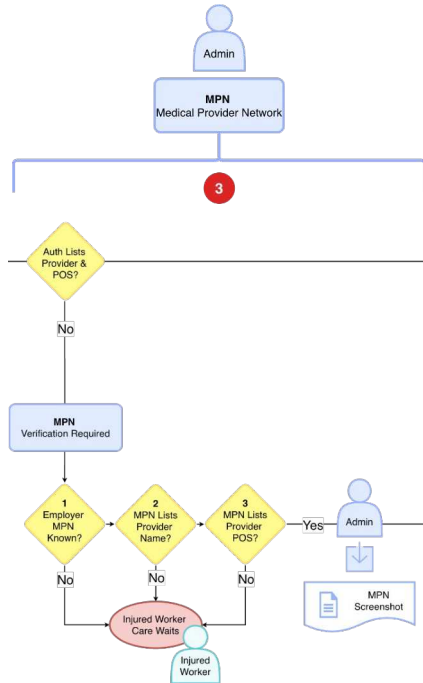
Medical Access Assistant(s) can be reached at (888) 853-4735 or by email at WComp-campn@stratacare.com

This directory was last updated on: 05/14/2026

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2,533 MPNs: Finding A Provider



2,533 CA MPNs

URL: <https://data.ca.gov/dataset/9907b6e3-3792-440>

Updated on: 04/01/2026

NOTE: The status of the MPNs on this list were produced by the DWC Medical Unit as of the date that data was last updated. Please contact the DWC Medical Unit to verify the information provided for a specific MPN.

MPN List Approved By Date | MPN List Approved By Date | MPN List Approved By Date

Show 25 entries: Showing 1 to 25 of 2,533 entries.

MPN ID#	Name of Agency
1865	Administrative
325	State Of Cal
612	State Comp Fund
175	Judicial Coc
3231	The Wander
3213	University O
3208	County Of C
3209	San Diego C
3300	County Of S

294 Sedgwick MPNs

URL: <https://data.ca.gov/dataset/9907b6e3-3792-440>

Updated on: 04/01/2026

NOTE: The status of the MPNs on this list were produced by the DWC Medical Unit as of the date that data was last updated. Please contact the DWC Medical Unit to verify the information provided for a specific MPN.

MPN List Approved By Date | MPN List Approved By Date | MPN List Approved By Date

Show 25 entries: Showing 1 to 25 of 294 entries (filtered from 2,533 total entries).

MPN ID#	Name of Agency
3228	Carework Services
3229	Carework Services
3224	Carework Services
3223	Carework Services
3214	OCM Co
3211	OCM Co
3188	OCM Co
3183	OCM Co
3161	OCM Co

531-page PDF Provider Roster

Advantage Plus 2 MPN

This Directory is 531 pages. Your computer may not have enough memory to load it all at once. You can attempt to load the entire Directory anyway or you can load it section-by-section.

[View Entire Directory.](#)

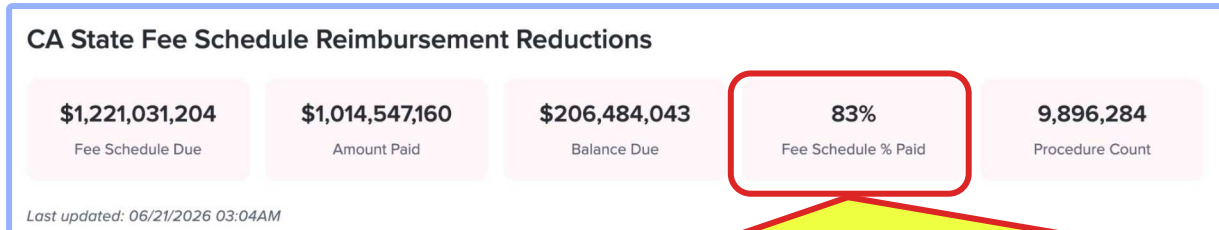
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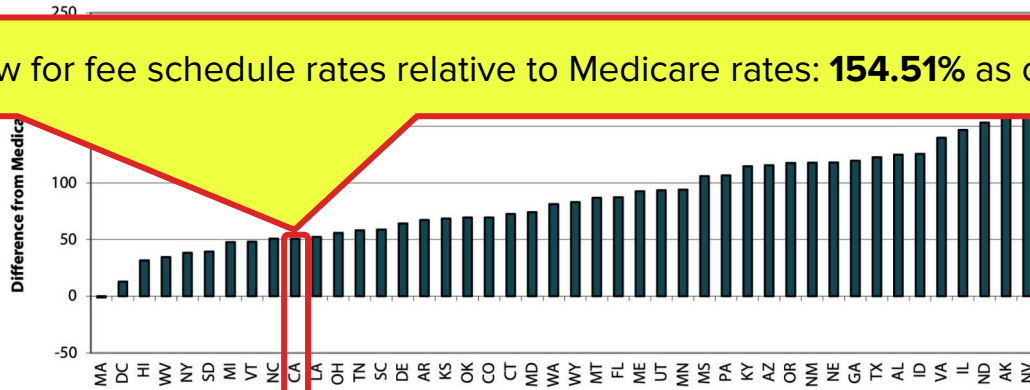
MPNs: Providers Pay \$206,000,000 to Treat Injured Workers

daisyBill CA Payment Data: Providers receive 83% of Official Medical Fee Schedule



CA providers receive only **83%** of the amount owed per the state fee schedule

Figure 2 Workers' Compensation Difference from Medicare, March 2025



CA ranks low for fee schedule rates relative to Medicare rates: **154.51%** as of March 1, 2026

Administrative Burden of Outdated Forms

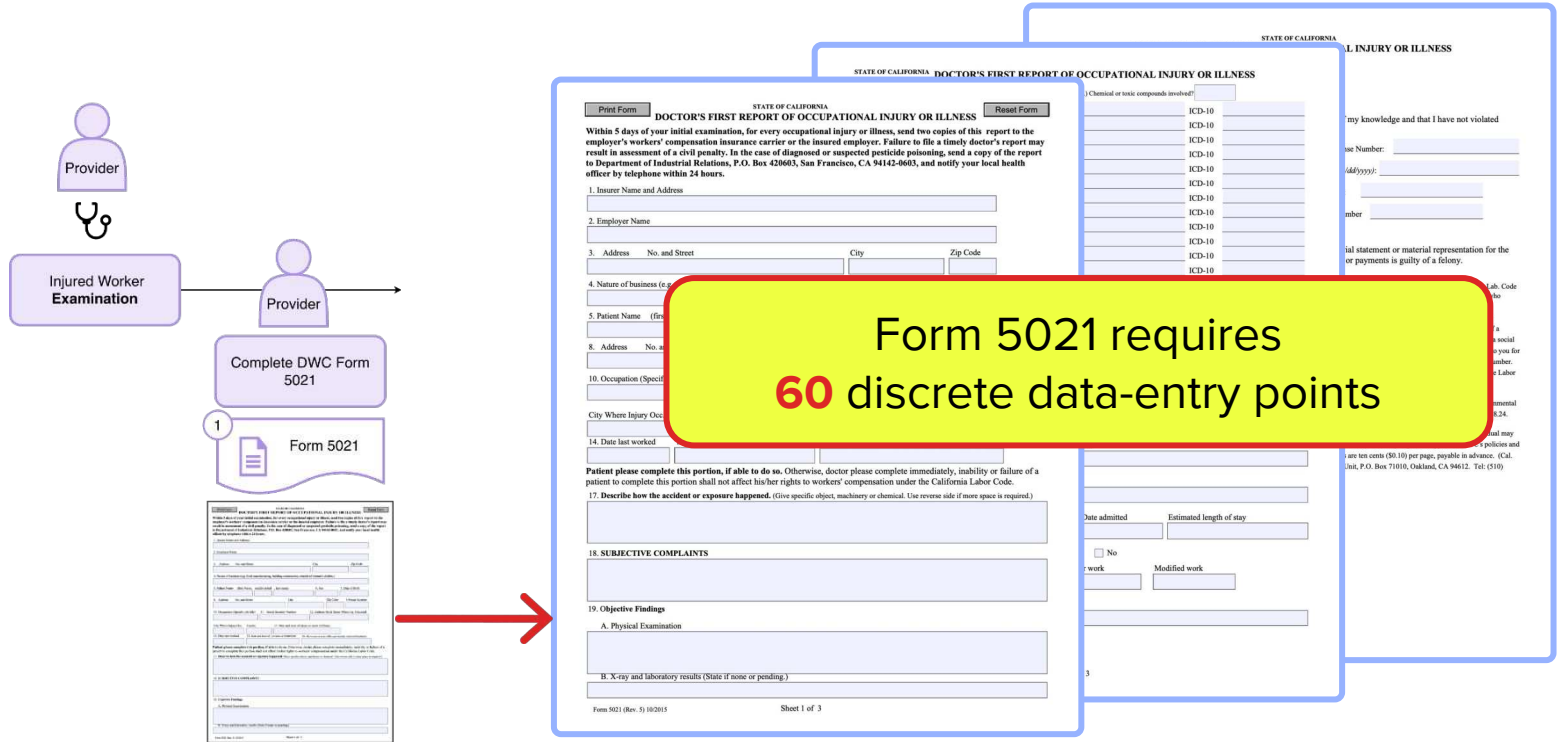
The image displays a collection of administrative forms, primarily from the State of California, Division of Worker Compensation. The forms are layered and overlapping, creating a sense of a large, complex filing system. Key forms visible include:

- DOCTOR'S FIRST REPORT OF OCCUPATIONAL INJURY OR ILLNESS** (Form DWC 100)
- INSTRUCTIONS FOR REQUEST FOR AUTHORIZATION FORM**
- REQUEST FOR AUTHORIZATION FORM** (Form DWC 101)
- PRIMARY TREATING PHYSICIAN'S PERMANENT AND STATIONARY REPORT (PR-6)** (Form DWC 102)
- FUNCTIONAL CAPACITY AND IMPROVEMENT RATING (FC-6)** (Form DWC 103)
- STATE OF CALIFORNIA - DIVISION OF WORKER COMPENSATION - REQUEST FOR AUTHORIZATION FORM (DWC FORM 101)**
- STATE OF CALIFORNIA - DIVISION OF WORKER COMPENSATION - PRIMARY TREATING PHYSICIAN'S PERMANENT AND STATIONARY REPORT (PR-6)**
- STATE OF CALIFORNIA - DIVISION OF WORKER COMPENSATION - FUNCTIONAL CAPACITY AND IMPROVEMENT RATING (FC-6)**
- STATE OF CALIFORNIA - DIVISION OF WORKER COMPENSATION - REQUEST FOR AUTHORIZATION FORM (DWC FORM 101)**
- STATE OF CALIFORNIA - DIVISION OF WORKER COMPENSATION - PRIMARY TREATING PHYSICIAN'S PERMANENT AND STATIONARY REPORT (PR-6)**
- STATE OF CALIFORNIA - DIVISION OF WORKER COMPENSATION - FUNCTIONAL CAPACITY AND IMPROVEMENT RATING (FC-6)**

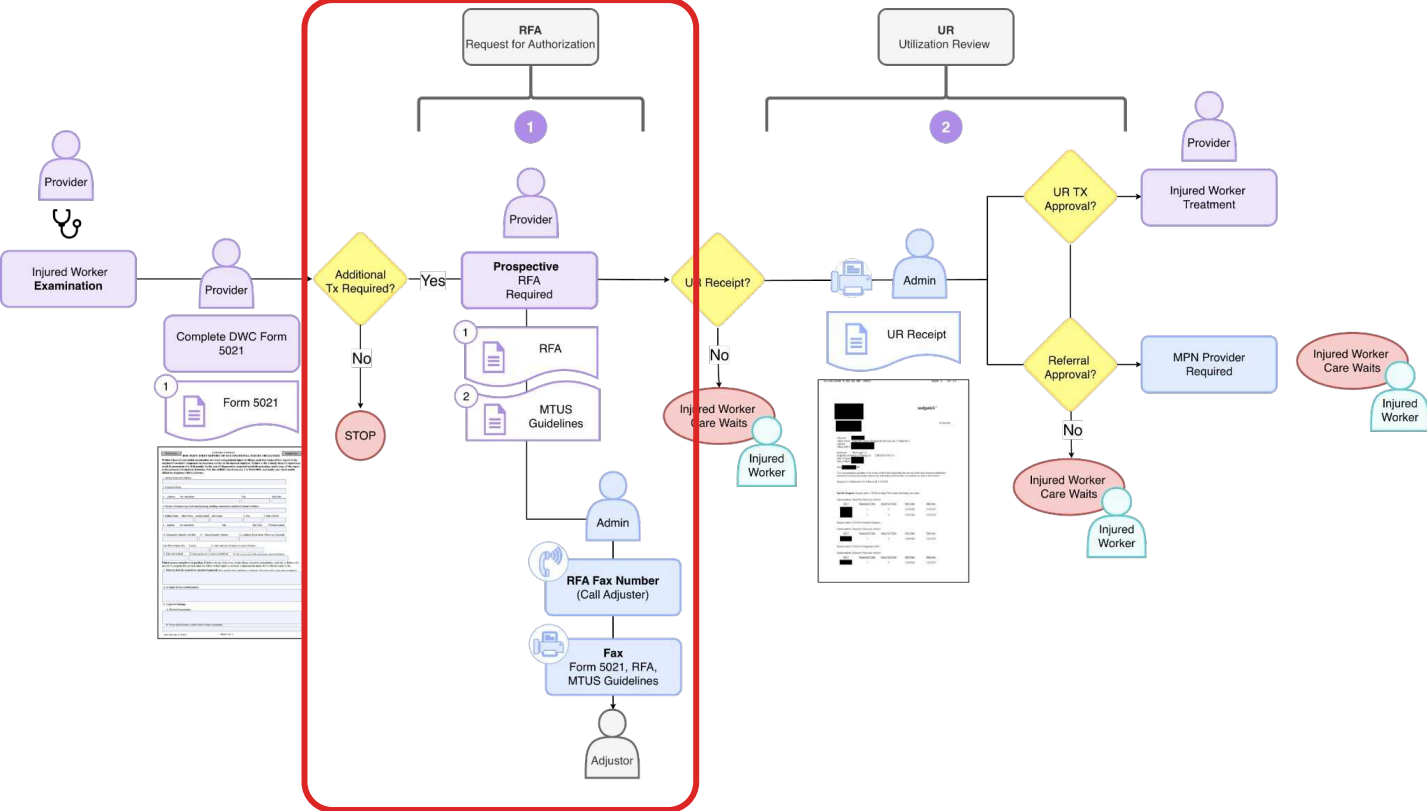
The forms are presented in a way that highlights their repetitive nature and the volume of information they require, contributing to the overall message of administrative burden.

Form 5021: Doctor's First Report of Occupational Illness or Injury

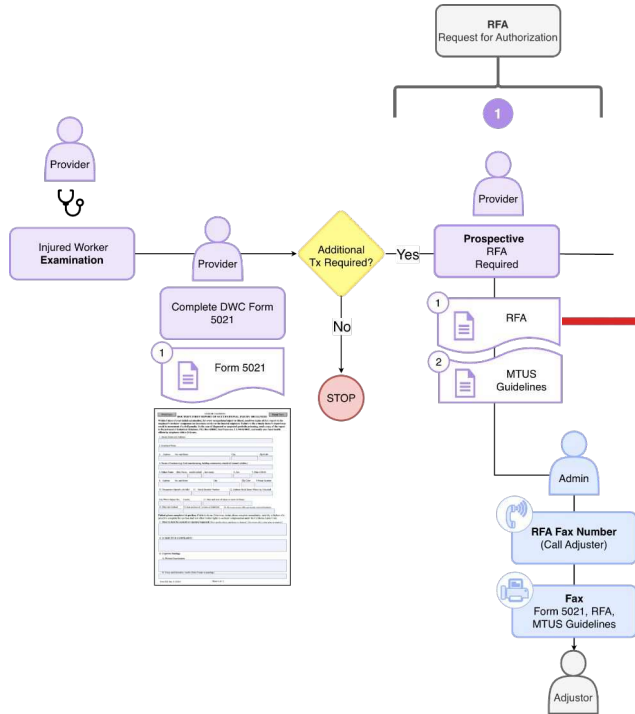
Reimbursement: **\$0**



Post-Examination: Additional Treatment Required



Step 1: DWC Form RFA - Request for Authorization



Instructions for Request for Authorization Form

State of California, Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
 DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

New Request Resubmission - Change in Material Facts
 Expedited Review: Check box if employee faces an imminent and serious threat to his or her health.
 Check box if request is a written confirmation of a prior oral request.

Employee Information
 Name (Last, First, Middle): _____ Date of Birth (MM/DD/YYYY): _____
 Date of Injury (MM/DD/YYYY): _____ Date of Birth (MM/DD/YYYY): _____
 Claim Number: _____ Employer: _____

Requesting Physician Information
 Name: _____ Contact Name: _____
 Practice Name: _____ City: _____ State: _____
 Address: _____
 Zip Code: _____ Phone: _____ Fax Number: _____
 Specialty: _____ NPI Number: _____
 E-mail Address: _____

Claims Administrator Information
 Company Name: _____ Contact Name: _____
 Address: _____ City: _____ State: _____
 Zip Code: _____ Phone: _____ Fax Number: _____
 E-mail Address: _____

Requested Treatment (see instructions for guidance; attached additional pages if necessary)
 List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.

Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (if known)	Other Information: (Frequency, Duration, Quantity, etc.)

Requesting Physician Signature: _____ Date: _____

Claims Administrator/Utilization Review Organization (URO) Response
 Approved Denied or Modified (See separate decision letter) Delay (See separate notification of delay)
 Requested treatment has been previously denied Liability for treatment is disputed (See separate letter)

Authorization Number (if assigned): _____ Date: _____
 Authorized Agent Name: _____ Signature: _____
 Phone: _____ Fax Number: _____ E-mail Address: _____
 Comments: _____

Page 2

DWC Form RFA (version 01/2014) Page 1

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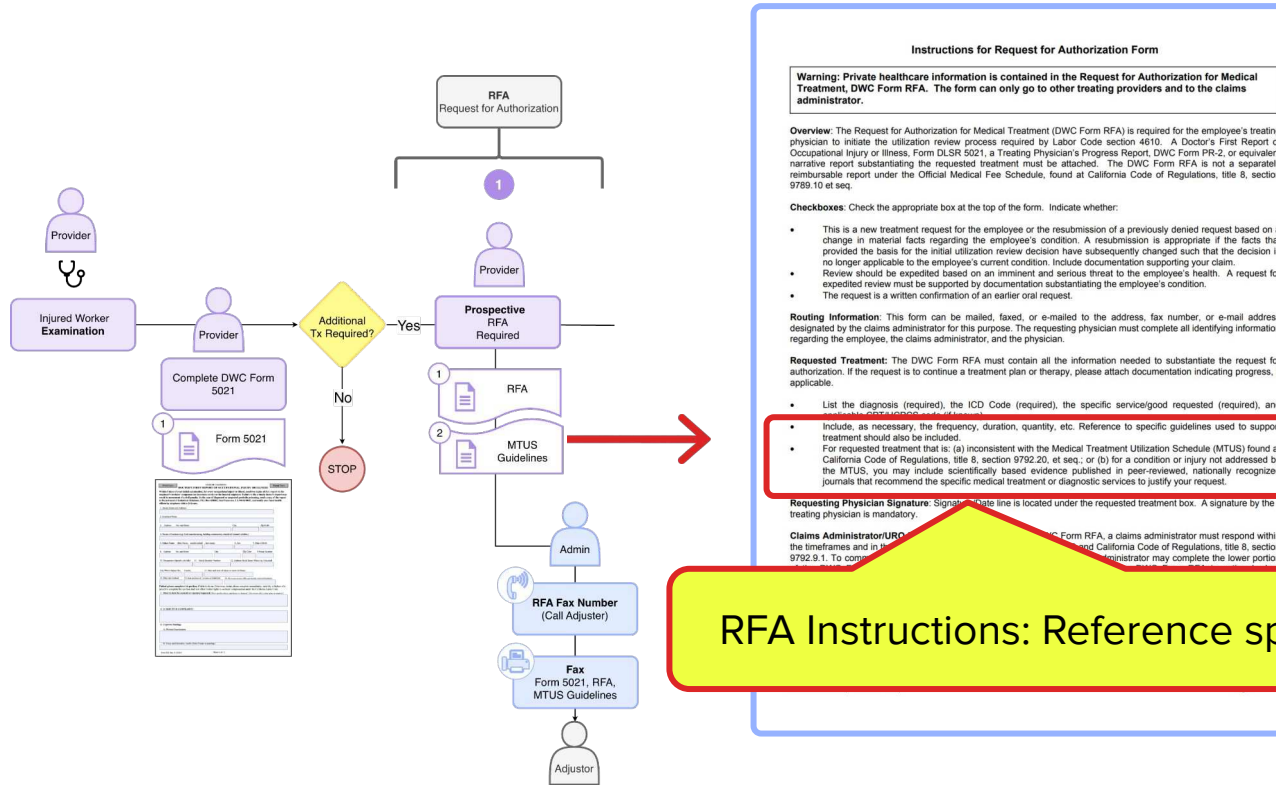
Form Field

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examination of tient indicates

Step 2: MTUS Guidelines - Include to Substantiate Treatment

Reimbursement: \$0



Instructions for Request for Authorization Form

Warning: Private healthcare information is contained in the Request for Authorization for Medical Treatment, DWC Form RFA. The form can only go to other treating providers and to the claims administrator.

Overview: The Request for Authorization for Medical Treatment (DWC Form RFA) is required for the employee's treating physician to initiate the utilization review process required by Labor Code section 4610. A Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment must be attached. The DWC Form RFA is not a separately reimbursable report under the Official Medical Fee Schedule, found at California Code of Regulations, title 8, section 9789.10 et seq.

Checkboxes: Check the appropriate box at the top of the form. Indicate whether:

- This is a new treatment request for the employee or the resubmission of a previously denied request based on a change in material facts regarding the employee's condition. A resubmission is appropriate if the facts that provided the basis for the initial utilization review decision have subsequently changed such that the decision is no longer applicable to the employee's current condition. Include documentation supporting your claim.
- Review should be expedited based on an imminent and serious threat to the employee's health. A request for expedited review must be supported by documentation substantiating the employee's condition.
- The request is a written confirmation of an earlier oral request.

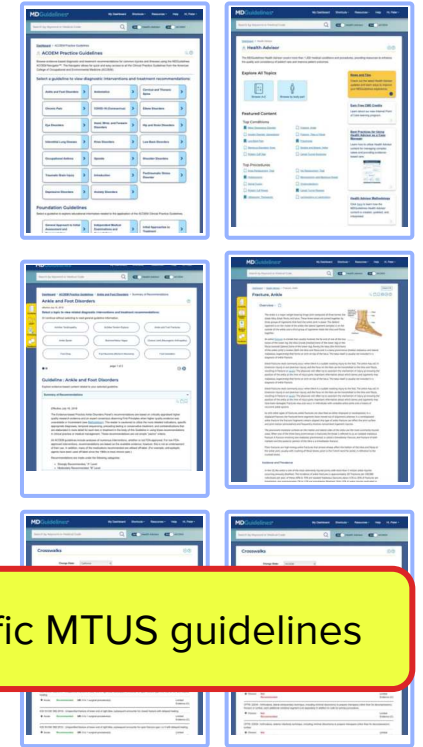
Routing Information: This form can be mailed, faxed, or e-mailed to the address, fax number, or e-mail address designated by the claims administrator for this purpose. The requesting physician must complete all identifying information regarding the employee, the claims administrator, and the physician.

Requested Treatment: The DWC Form RFA must contain all the information needed to substantiate the request for authorization. If the request is to continue a treatment plan or therapy, please attach documentation indicating progress, if applicable.

- List the diagnosis (required), the ICD Code (required), the specific service/good requested (required), and the frequency, duration, quantity, etc. (if applicable).
- Include, as necessary, the frequency, duration, quantity, etc. Reference to specific guidelines used to support treatment should also be included.
- For requested treatment that is: (a) inconsistent with the Medical Treatment Utilization Schedule (MTUS) found at California Code of Regulations, title 8, section 9792.20, et seq.; or (b) for a condition or injury not addressed by the MTUS, you may include scientifically based evidence published in peer-reviewed, nationally recognized journals that recommend the specific medical treatment or diagnostic services to justify your request.

Requesting Physician Signature: Signature line is located under the requested treatment box. A signature by the treating physician is mandatory.

Claims Administrator/URO: If the request is for a new treatment, a claims administrator must respond within the timeframes and in the manner specified in the Official Medical Fee Schedule and California Code of Regulations, title 8, section 9792.9.1. To complete the request, the claims administrator may complete the lower portion of the form.



RFA Instructions: Reference specific MTUS guidelines

RFA Transmission: No Central Fax Required

(916) 362-3043

(877) 922-7236

(707) 646-0438

(415) 675-4230

(888) 673-6364



Print Form STATE OF CALIFORNIA Reset Form

DOCTOR'S FIRST REPORT OF OCCUPATIONAL INJURY OR ILLNESS

Within 5 days of your initial examination, for every occupational injury or illness, send two copies of this report to the employer's workers' compensation insurance carrier or the insured employer. Failure to file a timely doctor's report may result in assessment of a civil penalty. In the case of diagnosed or suspected pesticide poisoning, send a copy of the report to Department of Industrial Relations, P.O. Box 420603, San Francisco, CA 94142-0603, and notify your local health officer by telephone within 24 hours.

1. Insurer Name and Address
2. Employer Name
3. Address No. and Street City Zip Code
4. Nature of business (e.g. food manufacturing, building construction, retailer of women's clothes.)
5. Patient Name (first Name, middle initial, last name) 6. Sex 7. Date of Birth
8. Address No. and Street City Zip Code 9. Phone Number
10. Occupation (Specific job title) 11. Social Security Number 12. Address No. & Street Where Inj. Occurred
13. Date and hour of injury or onset of illness
14. Date last worked 15. Date and hour of 1st exam or treatment 16. Have you or your office previously rendered treatment

Patient please complete this portion, if able to do so. Otherwise, doctor please complete immediately, inability or failure of a patient to complete this portion shall not affect his/her rights to workers' compensation under the California Labor Code.

17. Describe how the accident or exposure happened. (Give specific object, machinery or chemical. Use reverse side if more space is required.)

18. SUBJECTIVE COMPLAINTS

19. Objective Findings

A. Physical Examination

B. X-ray and laboratory results (State if none or pending.)

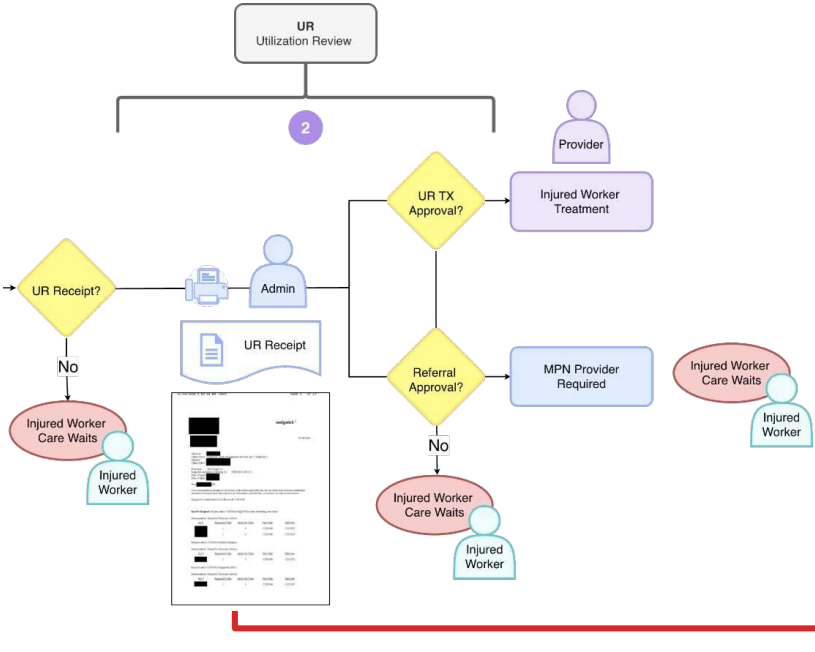
Form 9021 (Rev. 5) 10/2015 Sheet 1 of 3

PR-4: Permanent and Stationary Report

Reimbursement: **\$234.44 - Paid according to page count**

The image shows a stack of four 'PR-4: Permanent and Stationary Report' forms from the State of California - Division of Workers' Compensation. The top form is the 'PRIMARY TREATING PHYSICIAN'S PERMANENT AND STATIONARY REPORT (PR-4)'. It contains fields for Patient, Claims Administrator, and Employer information, as well as a section for 'Description of how injury/illness occurred' and 'Patient's Complaints'. The forms are partially obscured by a purple graphic on the right side of the image, which features the text 'Evaluation of Permanent and Stationary Report' and 'Tom G. Mayer Ranavaya'.

UR: Utilization Review Decision - 17 Pages



01/28/2026 2:53:54 PM -0600 PAGE 3 OF 17

sedgwick®

01/28/2026

Claimant: [REDACTED]
 Claims Payer: [REDACTED] Management Services, Inc. ("Sedgwick")
 Adjuster: [REDACTED]
 Claims File #: [REDACTED]

Beneficiary: The Kruger Co.
 Subject, on behalf of Working Co: THE KROGER CO.
 Date of Injury: [REDACTED]
 Date of Birth: [REDACTED]
 DOB: [REDACTED]

This correspondence pertains to the review of the following health care service which does not meet established standards of medical necessity based on the information presented by the medical provider as listed below:

Request for Authorization First Received: 1/23/2026

Specific Request: Request dated 1/23/26 for Right Wrist ulnar shortening osteotomy

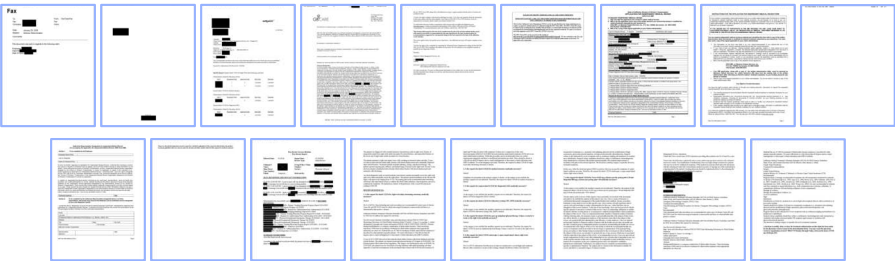
Determination:	Requested Units	Approved Units	Start Date	End Date
Denied by Physician Advisor	1	0	1/23/2026	1/23/2027
	1	0	1/23/2026	1/24/2027

Request dated 1/23/26 for Medical clearance:


Determination:	Requested Units	Approved Units	Start Date	End Date
Denied by Physician Advisor	1	0	1/23/2026	1/23/2027

Request dated 1/23/26 for Diagnostic EKG:

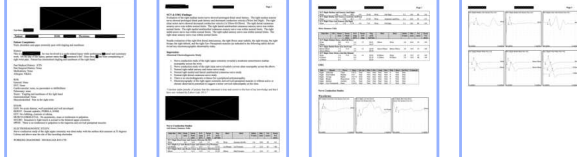
Determination:	Requested Units	Approved Units	Start Date	End Date
Denied by Physician Advisor	1	0	1/23/2026	1/23/2027




One Injured Worker's RFA and Utilization Review Decision



2 pages
RFA




4 pages
EMG




1 page
Clinical Note




1 page
Patient Demographics



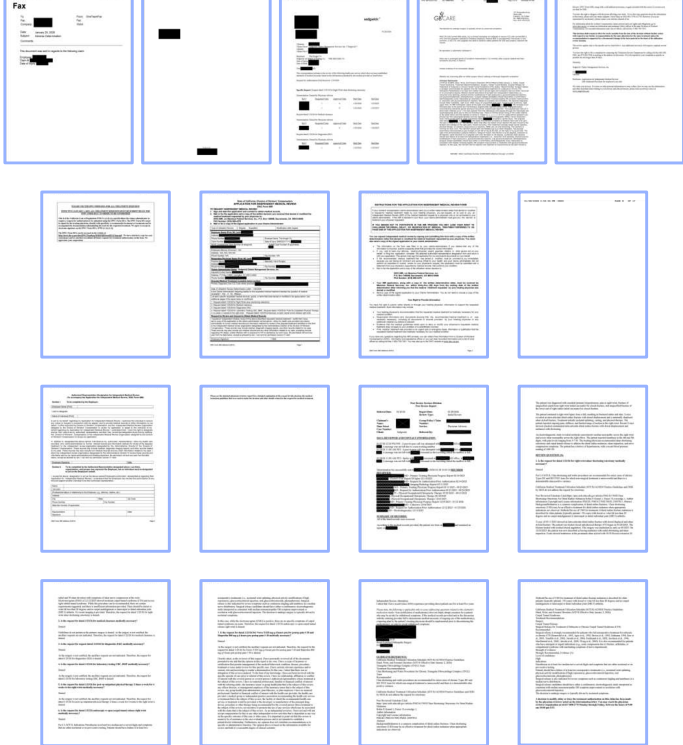
3 pages
PR-2 (First)



3 pages
PR-2 (Second)



3 pages
PR-2 (Third)



17 pages
UR Decision

Sedgwick Boasts 54% Denial Rate for Injured Worker Treatment

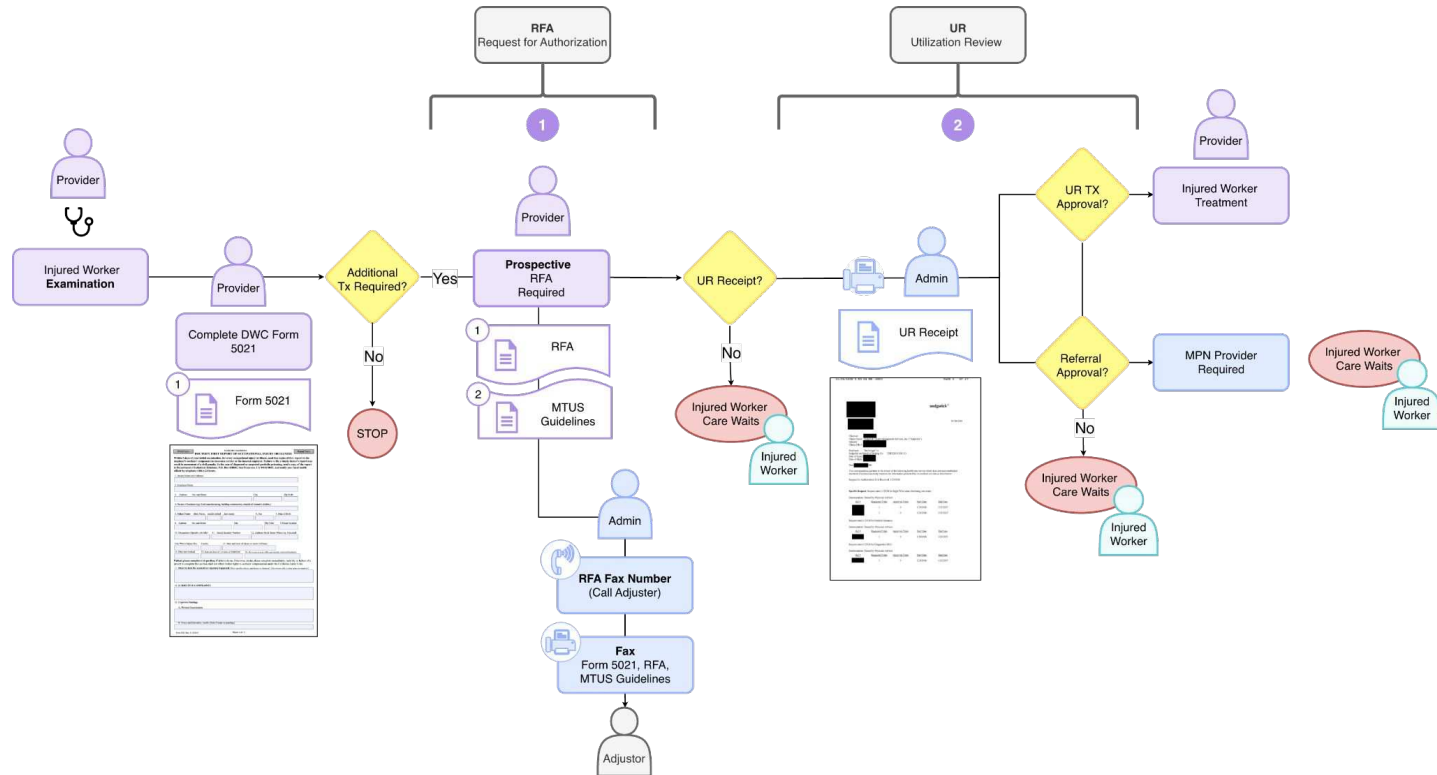
daisyNews article published September 19, 2024

The screenshot shows the Sedgwick website header with the logo and navigation links for 'US-CA | EN'. Below the header, there is a navigation menu with 'SOLUTIONS | CASUALTY | WORKERS' COMPENSATION | MANAGED CARE'. The main content area features the title 'Utilization review' and a photograph of a doctor in a white coat. A yellow callout box with a red border points to the text: 'Sedgwick advertised high treatment denial rates as a “return on investment” for clients'. Below the photo, a 'Results' section contains a table with two columns: '54%' and '5:1'. The text under '54%' reads 'of treatment requests were denied/withdrawn following review'. The text under '5:1' reads 'return on investment'.

Results	
54%	5:1
of treatment requests were denied/withdrawn following review	return on investment

Administrative Burdens: The Case Against a Credentialing Solution

Injured Worker **Initial Visit** Workflow: Primary Treating Physician (PTP) and Non-PTP



Data: Bills and Requests for Authorization

Building technology since 2012 to support California workers' comp

4,138

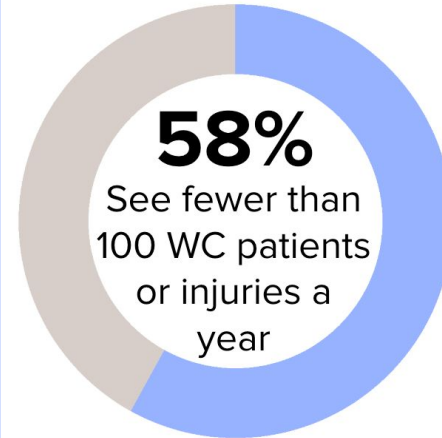
CA Provider Count in last 365 days

Last 365

3.4 M +

CA Workers' Comp Bills

CA Providers: Large and Small



Since 2012

19 M +

CA Workers' Comp Bills

60+ Provider Specialties

- Orthopedic Surgery
- Chiropractic
- Acupuncture
- Physical Therapy
- Anesthesiology
- Psychology
- Physical Medicine & Rehabilitation
- Interpreters
- Nurse Practitioners
- Psychiatry & Neurology
- Radiology
- Occupational Therapy

220 K +

CA Requests for Authorization (RFAs)

1.3 M +

CA RFAs since 2014

620 K +

CA Injured Worker Claims

2.7 M +

CA Injured Workers Claims

<100 Injured Workers / year
≥100 Injured Workers / year