

Predesignation/Chiropractic Designation Meeting Comments - October 2, 2012

Should be some written acknowledgement that worker has been notified of right to predesignate. Notification should be separate from all other documents.

It is very important that the injured worker knows right at the beginning of employment – some get hurt on their first day - of right to predesignate and the right to medical control. It is critical that the Optional form – Agree it's critical to make it mandatory.

There are many situations where a chiropractor is the primary treating physician by the diagnosis has nothing to do with chiropractic treatment. It is difficult to determine what is appropriate and what isn't, especially in terms of treatment within a medical provider network. This is a growing trend in Southern California. One should not be a primary treating physician if you can't in some way treat the injured worker. You should be medically able to diagnose and prescribe; not sure whether a chiropractor can really prescribe the appropriate treatment.

According to regulations, a primary treating physician should manage the injured worker's care. Chiropractors have 140 more hours of training than medical doctors in the diagnosis and treatment of diseases, so they are perfectly qualified to act as a treating physician. A podiatrist can be a primary treating physician even with no podiatric condition because he's a medical doctor. Having chiropractors as treating physicians is important in California, because so many medical doctors are overwhelmed with an influx of injured workers. They do not have time to manage the case. Chiropractors offer a place where an injured worker can go regardless of type of injury.

Chiropractors are well qualified to manage cases. Treatment is not done on speculation; chiropractors can send out patients to be seen by orthopedists or other medical doctors, who usually have no time to spend on injured workers. The statute will get between the patient and their doctor, prove costly, and interfere with coordination of care. There are not enough medical doctors to go around. Forcing a change of physicians will not help the system in general; cut backs in chiropractic care and physical medical will force patients to go into pain management and rely on expensive drugs for pain control.

Suggest the Division adopt a regulation allowing the chiropractor to manage care while injured worker locates new doctor to prevent interruption of care. A chiropractic visit is now defined as a visit with treatment and use of a CMT code (chiropractic manipulative technique). If a patient comes to a chiropractic office for an evaluation for which a PR-2 is issued, it should not be considered a visit. The chiropractor can continue to evaluate the patient and offer the care that is needed.

The Division should consider that when the injured worker is pulled from their treating physician there will be a considerable time lapse when no treatment is being provided. The injured worker must wait for records to be copied, served, and reviewed by the new treater. This will result in increased costs, prolonged temporary disability, and an increased demand on copy services. The chiropractor should be allowed to manage care and direct the worker to more conservative methods. The medical model is more expensive; it is unclear of the purpose of the bill.