Treatment Guidelines
And
Medical Provider Network

Presenters

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Treatment in the Workers’ Compensation System in California

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Medical Treatment Utilization Schedule (MTUS)

- Presumptively correct
- Can be overcome by a preponderance of scientific medical evidence
- Evidence based medical treatment guidelines generally recognized by the national medical community and that are scientifically based.
Medical Treatment Utilization Schedule (MTUS)

- American College of Occupational and Environmental Medicine's (ACOEM's) Practice Guidelines
- Second edition published in 2004

- Acupuncture - modified from Colorado's treatment guideline
- Stress importance of functional recovery
  - may authorize more after initial 4 to 6 visits
Committee

- Advisory committee - 15 physicians/providers
- Multiple specialties
- Committee has met quarterly

Supplementation

- Elbow
- Chronic pain
- Postsurgical therapy
- Next?
Current Issues with Medical Provider Networks

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MPN Overview

As of January 23, 2008:

- 1354 Total number of MPN applications
- 1219 Approved MPNs
- 135 Non-Approved MPNs
- 102 Withdrawn MPNs
- 17 Revoked MPNs
- 3 Terminated MPNs
- 612 MPN Modification filings
Breakdown of MPN Applicants
(as of January 2008)

Applicants with the most MPNs:
- ACE American Insurance Company
- Zurich Insurance Company
- American Home Assurance Company
- Fidelity and Guaranty Insurance Company
- The Insurance Company of the State of Pennsylvania

Most used Provider Networks:
- First Health
- Concentra
- Prudent Buyer
- Corvel
- Sedgwick
Did you know?

- That there’s a new MPN regulation clarifying what should be in a notice of MPN termination and a notice of MPN change?

- That a change of insurers or a change from self-insured to insured status results in a change of MPNs, which means a new MPN application and a new notification to employees?

- That there’s a trend to allow prior UR authorization for treatment by MPN doctors?

- That DWC investigates complaints about MPNs?
MPN Complaints

- Complaints Received:
  - 136 complaints have been filed with DWC
  - The first complaint was filed in Nov 2005
  - 67 complaints received since Jan 2007

- Complaint Handling
  - Initial contact with Liaisons within 24-48 hours of receiving complaint
  - Resolution of complaint usually within 2-5 days
Provider Complaints

- Not aware they are in an MPN
- Insufficient or lack of notification of termination from a MPN
  - E.g., Finding out after a UR denial
- Questioning the reasons they were terminated from the MPN
- Chiropractors concerned they are not receiving referrals or allowed to be PTPs
Attorney Complaints

- Lack of MPN providers in rural areas
- Listed providers not available to treat workers because:
  - providers are terminated;
  - Deceased; or
  - no longer taking workers compensation
- Specialist needed is not in the MPN
- Don’t have the correct website and access instructions to access provider listings
Worker Complaints

- The worker doesn’t know if s/he is covered by an MPN
- Provider listing not received when requested
- Provider listing not updated; Difficulty finding an MPN provider who will treat the worker
- Confusion over how to obtain a second opinion
- Confusion over the MPN contact phone number and the third-party phone number listed at the bottom of the websites.
Recommendations

- Prompt follow up by MPN liaisons and claims adjustors helps resolve problems/complaints
- MPNs should ensure providers know they are no longer part of their network and update listings as soon as possible
- MPNs should do periodic reviews of websites for accurate listings and clear MPN contact information
- Claim adjustors should provide alternative contact information to workers
- MPNs should quickly provide duplicate MPN materials to injured workers
**Key MPN Cases**

  - IW’s atty requested MPN list in May 05, didn’t get it so IW selected non-MPN doctor; In Sept 05, Def gave list of two MPN doctors
  - **Holding**: Incomplete and Unreasonably Delayed Provider Listing by MPN; IW selects own provider outside of MPN

  - IW did not get notification of MPN or if her doctor is in the MPN
  - Def failed to post notice concerning IW’s rights to WC benefits under LC 3550
  - **Holding**: Failure to post required WC Notice = can treat outside MPN

  - IW’s PTP issued report after 20-day time period stating IW had a serious chronic condition under Transfer of Care; Def’s QME did not review or comment on IW’s PTP report so IW’s QME report was the only admissible report on this issue
  - **Holding**: IW had a serious chronic condition which qualified him to delay transfer into MPN and failure of PTP to issue report on IW’s condition w/in required 20 day time frame did not automatically entitle Def to transfer IW into MPN
Key MPN Cases


- IW’s injury occurred before existence of MPNs and signed stipulation for future med treatment
- Def wants to transfer IW in MPN for treatment
- **Holding:**
  - MPN statutes may be applied retroactively as MPNs do not affect substantive rights but are a procedural change in law.
  - Regardless of date of injury or date, an IW with an existing injury can be subsequently transferred into an MPN pursuant to the Transfer of Care process
Key MPN Cases

  - no evidence that IW was ever given written notice of MPN coverage or how to get treatment under MPN
  - IW’s PTP was told he was not in MPN, so no services authorized
  - IW’s atty requested list of MPN providers several times from May-June 2005; no evidence that provider listing was sent
  - **Holding:** Failure to provide required notice of MPN rights can render the employer or insurer liable for reasonable, self-procured medical treatment
Terminating MPNs: Notice Requirements

- **Notice of Termination Requirements: New Regulation, 8 CCR §9767.16**
  - Effective April 9, 2008 (with the Benefit Notice Regs)
  - Applies to Termination of an MPN
  - Applies to Cessation of Use of an MPN (when MPN still exists but is no longer going to be used by an Applicant)

- **Termination or Cessation of Use Notices must include:**
  - The effective date of termination or cessation of use of the MPN.
  - That the insurer or employer has continuing care for ongoing claims, and that potential penalties that may be imposed by the WCAB for unreasonable delay or interruption of care.
  - The name, address and telephone number of the person to contact with questions concerning the termination or cessation of use
  - Notice of an employee’s right to a choice of physician 30 days after reporting the injury under Labor Code section 4600
  - Disputes going through the second/third opinion process (including any Independent Medical Reviews) are also terminated
Changing MPNs: Notice Requirements

Notice Requirements for a Change of MPN: New Regulation: 8 §CCR 9767.16

- All the termination/cessation of use notice requirements apply and can be combined with the change of MPN notice.

- In addition, the Change of MPN Notice must include:
  - Notice that any injured worker receiving treatment from a provider not in the new MPN, may be entitled to transfer of care.
  - Initial employee notification of the new MPN (30 days prior to implementation of the new MPN).

- Applicants must file the Change of MPN notice with DWC at least 45 calendar days prior to the effective date of the termination or cessation of use of the MPN.
  - Letter from the MPN Applicant with the effective date of termination of the prior MPN, the planned effective date of the new MPN coverage, and a copy of the employee notice(s) to be sent.
  - If a notice is timely filed and DWC does not act by the date the notice should be distributed, then the notice shall be deemed approved.

- MPN modification rules still apply when there is a change of MPNs.
What if I still have MPN questions?

- Medical Provider Network Website: www.dir.ca.gov/dwc/MPN/DWC_MPN_Main.html
- Email: DWCManagedCare@dir.ca.gov, Yu-YeeWu@dir.ca.gov
- Phone: 510-286-7100