California Labor Guidelines for Medical Reporting

What are they?

Per the California Labor Code, primary treating physicians shall follow specific requirements and timelines when reporting the medical condition of the injured workers' under their care. The purpose of these requirements are to ensure that medical care is not delayed, and the appropriate benefits are administered to injured workers in order to cure or relieve their occupationally caused injury or illness.

Review of the Requirements

Within 5 working days following an initial examination, the primary treating physician shall submit a written report on form DLSR 5021 "Doctor's First Report of Occupational Injury or Illness." If the injured worker's initial visit was at the hospital emergency room or urgent care center, those treatment facilities must also issue a report on form DLSR 5021. Key elements that should be completed on the form include; method, frequency and duration of treatment, planned consultations, referrals and/or surgeries, type and frequency of planned physical medicine requests.

Each new primary treating physician shall submit a Form DLSR 5021.

Additional physicians and/or physical therapists, chiropractors etc. that are assigned to treat the injured worker shall report their findings and treatment plans to the primary treating physician. Within 20 days of receiving information from other physicians or providers on the case, the primary treating physician shall incorporate that information in a primary treating physician's report. The reports of all treating medical practitioners assigned to the case shall be submitted to the claims administrator in conjunction with the primary treating physician's report. Primary treating physician reports may be submitted on form PR-2 or per 9785(f)(8): If a narrative report is used, it must be entitled "Primary Treating Physician's Progress Report" in bold-faced type, must indicate clearly the reason the report is being submitted, and must contain the same information using the same subject headings in the same order as Form PR-2. A response to a request for information made pursuant to subdivision (f)(7) may be made in letter format. A narrative report and a letter format response to a request for information must contain the same declaration under penalty of perjury that is set forth in the Form PR-2: "I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code §139.3. By mutual agreement between the physician and the claims administrator, the physician may make reports in any manner and form."

The primary treating physician shall, unless good cause is shown, report to the claims administrator within 20 days when any of the following occurs:

1. Injured worker's condition changes significantly
2. Any significant change in the treatment plan.
3. Injured worker may return to regular or modified work.
4. Injured worker must leave work, or a change in work restrictions is required.
5. Injured worker is released from care.
6. The Injured Worker's permanent disability is likely to preclude him/her from engaging in their previous line of work.
7. The claims administrator requires additional information in order to administer the appropriate benefits to the injured worker.

If none of the conditions indicated above in items 1-7, have occurred, then a progress report shall be made no later than 45 days from the last report of any type. When the primary treating physician has examined the injured worker, a report of that examination shall be signed and submitted within 20 days of the examination.

When the primary treating physician determines the injured worker's condition to be permanent and stationary, he/she will issue a "Primary Treating Physician's Permanent and Stationary Report." The report shall be issued within 20 days from the date of examination and must detail the existence and extent of any permanent disability, the work limitations that disability will impose on the injured worker and the need and extent of future medical care. Per 4663(c), the report must also address apportionment. If the doctor cannot address apportionment, the doctor must explain why and consult or refer to an authorized treating physician for final determination on apportionment.

For permanent and stationary evaluations performed pursuant to the permanent disability evaluation schedule adopted on or after January 1, 2005, the primary treating physician's report concerning the existence and extent of permanent impairment shall describe the impairment in accordance with the AMA Guides to the Evaluation on Permanent Impairment, 5th Edition (DWC form PR-4). The AMA Guides will also apply to compensable claims arising before January 1, 2005 where there has been either no comprehensive medical-legal report or no report by a treating physician indicating the existence of permanent disability, or temporary disability is still being paid to the injured employee. For evaluations that are not subject to the AMA Guides, the DWC PR-3 form may be used. If a primary treating physician chooses not to use either the appropriate PR-3 or PR-4 form, then his/her report must contain all the information required by Title 8, California Code of Regulations, section 10606.

For more information please visit http://www.dir.ca.gov/dwc/wcreformindex.html **or contact Coventry Provider Relations at (800) 937-6824**