



Administrative PR-4s

Problem

Recordable workers' compensation claims in California often needlessly result in delayed case closure, or no case closure at all. These open cases pose unnecessary expense and delay for all stakeholders (insurance carriers, injured workers, employers), as the claims remain ambiguous with regards to future treatment or the ongoing status of the injured worker.

Cases that remain open without a completing a Primary Treating Physician's Permanent and Stationary (PR-4) report for the claim are in danger of complication due to subsequent injuries after being lost to follow up, and cause unnecessary risk exposure to the stakeholders.

Sometimes offices close cases administratively without an actual final visit. Because the only data available to complete the PR-4 report is from the most recent Physician's Progress (PR-2) report, the provider often assigns a zero percent impairment rating without proper supporting data or analysis. In addition to being incorrect, this practice also causes confusion in liability and subsequent injuries, as the case has not been properly documented and closed.

Causes

Medical providers and stakeholders do not have a tool for automatically identifying cases that are at risk for delayed closure. Providers do not understand their responsibility to close cases with a PR-4 impairment rating for every



recordable case. Adjusters and carriers managing large volumes of cases may have trouble timely identifying the case status when patients fail to return, or when the medical office fails to deliver a PR-2 report within 45 days.

Case Study

An employee is hurt at work and files a claim for low back pain. She undergoes physical therapy, x-ray, and a trial of conservative care management are completed.

Eight weeks after the injury she remains on modified duty, and fails to attend her PR-2 follow up appointment. The doctor's office attempts to contact her with several phone calls, and is unsuccessful. She is not scheduled and the case remains open for six months.

During this time, the provider receives multiple letters from insurance carriers requesting MMI or claim status. These requests go unanswered because the physician doesn't understand how to proceed. The patient continues to receive partial temporary disability payments. The insurance company has no recourse but to now request a QME for a summary update on the injured worker adding additional cost and time delay.

Solution

Injury mapping platforms such as RateFast allow providers to track and follow a claim from visit to visit. When the patient fails to return for a follow-up visit (PR-2), an administrative PR-4 can be created with a single click.



Because RateFast PR-2 reports include ratable elements, administrative PR-4 reports automatically import the ratable elements of the case. An impairment rating value can then be calculated based on the most recent data set.

This allows stakeholders to have closure on the claim, thereby remaining compliant with labor codes that specify the need for delivery of an impairment rating in a timely fashion with accurate analysis of the data to support impairment value delivered.

To conclude the example above, imagine that an administrative PR-4 report is created in RateFast. The following ratable data set and apportionable items were noted:

1. BMI of 32.5 kg/m²
2. A lumbar analog pain score of 4/10, with a 75% frequency.
3. No leg pain at last clinical visit.
4. No decreased activities of daily living.
5. Mild degenerative changes documented on plain film X-Rays at the L2-S1 levels.

A 3% WPI rating was returned using the range of motion method, which best described the employee's condition. A 23% apportionment was provided for non-industrial degenerative changes, and another 23% apportionment was provided for non-industrial obesity (according to World Health Organization weight scoring). A final non-industrial apportionment value of 41% was delivered.

Future care was recommended for ongoing symptoms that included access to therapy, medications, and diagnostic testing. The functional limitations at the time



of the last visit—no lifting over 15 pounds, and no bending more than ten times per hour—were converted to permanent limitations. A comment was included that the patient may return to the clinic for functional measurement if she chose to do so. This claim was subsequently closed.

Conclusion

When stakeholders have access to a systematic approach for the creation of administrative PR-4 reports, cases can be adjudicated or closed in a legally compliant and transparent method for stakeholders. In the case above, the insurance company now has a fully complete and compliant report, and the injured worker can be notified that her claim has been made permanent and stationary. Partial disability payments can now be stopped, and the employer can decide if they can accommodate the employee's permanent functional limitations in the workplace.

For these critical reasons, access to a comprehensive digital workers' compensation injury mapping tool such as RateFast saves money, time, confusion, and risk of litigation.