



# Timeline Management in Workers' Compensation Claims

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## Problem

Like any treatable injury, workers' compensation claims should follow a timeline. Many stakeholders—including physicians, injured workers, employers, insurance carriers, and attorneys—cannot move the claim forward because they lack a working grasp of this timeline.

The result is that injured workers do not receive timely care and claims remain open far longer than they should (often years). Such claims result in wasted resources for all parties involved, and these claims can often culminate in costly litigation.

## Causes

1. There is no standardized approach for managing workers' compensation cases.
2. Legal requirements from the state of California are applied to case management by individual stakeholders' understanding of the law, resulting in inconsistency.
3. There is no widely-used platform for producing, reviewing, and tracking time-sensitive treatment recommendations and requests for authorization (RFA).



## **Example**

Imagine a construction worker who injures his left shoulder at work. He goes to the clinic and is seen for his Doctor's First Report (DFR). The physician orders physical therapy.

The worker returns to the clinic two weeks later for his first Physician's Progress (PR-2) report. However, the insurance carrier has been unresponsive to the provider's request for treatment. The employee continues to treat his condition with over-the-counter anti-inflammatories and a home exercise program.

The patient returns to the clinic one month later, but there has still been no response from the insurance carrier. The provider's office makes continued attempts to reach the adjuster without success.

Another eight weeks pass without requested treatment. The employee has still not returned to work. The injured worker and the employer, frustrated with the system, seek legal counsel to advocate treatment.

## **Solution**

The California workers' compensation system has checks and balances to ensure treatment is authorized in a timely fashion. Additionally, there are medical treatment utilization guidelines (MTUG) that are adopted by the law to guide the physician through evidence-based diagnostic testing and treatments.

Understanding timelines offers an opportunity to move claims forward and request ongoing staged treatment regardless of authorization, denial, or unresponsiveness from insurance carriers. Using this method, a claim can move



forward. Requests for treatments and responses from the insurance carrier can be documented and placed on a timeline; this is called “developing the chart”.

When workers’ compensation judges review claims, they make decisions based on the level of case development and documentation of attempts for treatment. If timelines of the claims are not well documented, the judge may have to return the injured worker to the doctor or assign the injured worker to another provider to better develop the chart. However, if a timeline of treatment requests and responses—and lack of treatment—is well-developed, then judges can clearly see when treatments were requested and when requests were authorized, denied, or ignored.

The solution is to carefully develop the chart by documenting all activity related to treatment requests.

## **Claim Management with RateFast**

When medical providers create workers' compensation claims in RateFast, treatment requests and authorizations are tracked using the RFA feature. This tool allows users to automatically create RFAs associated with certain treatments, visits, and reports. Users can trace the current status of each RFA.

In California, a RFA requires a response from the insurance carrier within five business days. If treatment is denied, the patient may be brought back in five days to document a response (or lack thereof) and the next step of the treatment guidelines can then be ordered. The provider can repeat this process until all treatment options have been exhausted, or until the patient has recovered to the point of maximum medical improvement (MMI).



## **Conclusion**

RateFast allows stakeholders to create and monitor treatment recommendations from the Primary Treating Physician (PTP). When using RateFast, claims move quickly along a predictable timeline. When utilization review and/or the insurance carrier denies or fails to respond to a request for treatment, the claim still advances to the next steps of recommended treatment.

If the physician had been using this tool in the previous example, then the patient could have been quickly brought to MMI status, increasing the chances of treatment and/or administrative development of the chart for final claim adjudication. In general, any claim can be accelerated and closed without frustration if providers use RateFast or a similar time-sensitive management platform designed to develop the chart while moving claims forward along its timeline.