WORKERS' COMPENSATION ACCESS TO CARE UTILIZATION REVIEW SURVEY

This is the first comprehensive California survey to capture direct, statewide input from treating orthopaedic surgeons on why so many have stopped caring for injured workers. Timely, expert treatment for musculoskeletal injuries isn't optional—it is the foundation of a worker's ability to recover, return to work, and regain quality of life. Yet access to orthopaedic surgeons is shrinking, creating delays, limiting treatment options, and ultimately jeopardizing outcomes for thousands of injured workers across the state.

California Orthopaedic Association

representing 2,000 orthopaedic surgeons throughout California

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The survey data demonstrates a severe contraction in provider participation, driven by systemic friction within the Utilization Review (UR) framework and economic degradation from administrative overhead and fee discounting. This structural breakdown directly correlates with restricted patient access to care and compromised clinical outcomes.

Provider Attrition and Market Contraction

- **Systemic Exit Rate**: While nearly 100% of orthopedic surgeons statewide that were surveyed have historically treated workers' compensation patients in California, only about 45% maintain a full active panel. Roughly 55% have either completely exited the system or scaled back their workers' compensation cross-section significantly.
- **Primary Drivers of Attrition**: The leading catalysts for providers leaving or scaling back are difficulty securing authorizations for standard clinical indications (exceeding 60%), followed by a structural inability to engage in peer-to-peer discussions with appropriate specialist reviewers (~55%).
- **Economic Degradation**: Reduced provider access is further exacerbated by non-negotiated PPO discount applications ("double-dipping") on statutory fee schedules, which over 40% of departing or scaling-back providers cite as a core issue.

Administrative Friction and Operational Overhead

- **Staffing Inefficiencies**: Over 50% of the practices surveyed have been forced to hire dedicated, non-clinical personnel exclusively to manage UR compliance and Request for Authorization (RFA) tracking.
- **Turnaround Bottlenecks**: More than 55% of respondents report that UR determinations routinely exceed a two-week processing window. This structural

delay drives an aggregate dissatisfaction rate above 80%, with over 50% classifying their sentiment as "very dissatisfied".
- **Communication Friction**: Providers report severe fragmentation in document routing, with over 45% identifying constantly changing claims adjusters and over 25% identifying obscure submission endpoints as primary administrative hurdles.

Defects in Utilization Review Quality

- **Evidentiary Deficits**: Over 90% of surveyed surgeons state that UR decisions are routinely executed without an adequate or comprehensive review of the submitted clinical documentation.
- **Opacity of Rationale**: Approximately 70% of respondents state that denial rationales are fundamentally unclear and non-actionable. Qualitative data indicates that these determinations frequently rely on generic, copy-pasted templates or misapplied Medical Treatment Utilization Schedule (MTUS) guidelines that lack diagnostic relevance to the specific procedure requested.
- **Reviewer Qualification Failures**: A dominant qualitative trend highlights a lack of specialty-matching, where complex orthopedic requests are evaluated and denied by non-surgical or unrelated specialties (e.g., family medicine, addiction medicine, or mid-level providers) who strictly defer to automated algorithmic guidelines over clinical community standards.

Clinical Impact and Compounded Disability

- **Delayed Acute Care**: Over 85% of providers verify that UR processing friction introduces clinical delays that explicitly degrade long-term patient outcomes.
- **Pathology Progression**: Specific clinical cohorts heavily impacted include time-sensitive fracture management (resulting in malunions requiring secondary reconstructive osteotomies) and acute tendon lacerations/ruptures (where delay windows convert simple primary repairs into complex reconstructions requiring cadaveric grafts).
- **Rehabilitation Disruption**: Post-operative physical therapy authorizations are routinely delayed or capped (e.g., restricted to arbitrary allocations post-arthroplasty), triggering arthrofibrosis, prolonged stiffness, and permanent partial impairment.
- **Systemic Economic Paradox**: Providers note that the delays intended to curb utilization costs directly inflate indemnity exposure by extending temporary total disability (TTD) timelines, keeping injured workers out of the workforce needlessly while delaying diagnostic imaging and definitive surgical intervention.
- **Treatment Delays are causing concrete, documented harm.** The specific harms identified include: distal bicep ruptures requiring cadaveric graft due to delayed repair; malunions from delayed fracture ORIF, permanent nerve damage from delayed carpal tunnel release, progressive myelopathy, post-op PT denial

resulting in joint stiffness after TKA and shoulder surgery, and loss of range of motion after rotator cuff repair.

Survey Demographics/Timeline

Survey was conducted in June, 2026.

Sent to orthopaedic surgeons throughout California in all practice settings.

Surgeons responding were in the following orthopaedic subspecialties:

- Hand/Upper Extremity and in all practice settings.
- Foot and Ankle/Lower Extremity
- Sports Medicine
- Spine
- Total Joints
- Trauma
- Oncology
- General

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