



California Department of Corrections and Rehabilitation

Employees and Inmates Generally Received
Necessary Medical Care for Work-Related
Injuries Within Reasonable Time Frames

July 2019

REPORT 2018-128





CALIFORNIA STATE AUDITOR

621 Capitol Mall, Suite 1200 | Sacramento | CA | 95814



916.445.0255 | TTY **916.445.0033**



For complaints of state employee misconduct,
contact us through the **Whistleblower Hotline:**

1.800.952.5665

Don't want to miss any of our reports? Subscribe to our email list at

auditor.ca.gov





July 11, 2019
2018-128

The Governor of California
President pro Tempore of the Senate
Speaker of the Assembly
State Capitol
Sacramento, California 95814

Dear Governor and Legislative Leaders:

As directed by the Joint Legislative Audit Committee, the California State Auditor conducted an audit of the timeliness of the provision of medical care to the California Department of Corrections and Rehabilitation (CDCR) employees and inmates who sustained work-related injuries (injured workers). The State Compensation Insurance Fund (SCIF) administers the workers' compensation claims process for many state agencies and departments, including CDCR, and this report concludes that both CDCR and SCIF largely complied with applicable state laws and policies for promptly facilitating necessary medical treatment.

Our audit focused on determining the timeliness of claims approvals and the provision of medical treatment for a selection of workers' compensation claims for both CDCR employees and inmates following a work-related injury. We also reviewed how long it took injured workers to be released from medical care and to return to work. State law requires SCIF to make a decision within certain time frames about whether an employer, such as CDCR, is financially responsible for the medical treatment resulting from a work-injury claim. In the selection of 30 employee and 36 inmate claims we reviewed from three correctional facilities, CDCR and SCIF took the necessary steps to comply with time requirements in most cases. Any late claims or liability decisions did not affect injured workers' access to medical care.

We also found that medical care providers treated all injured workers promptly, and CDCR and SCIF authorized requested treatments within required time frames. Injured employees generally recovered from injuries more slowly than inmates, but the time it takes for injured workers to recover can vary greatly, even among comparable injuries, and depends on variables such as the severity of the injury and the worker's health history. How quickly a worker returns to work can depend on the injured worker's ability to perform job duties and the employer's ability to accommodate work restrictions because of the injury.

Overall, the employees and inmates whose cases we reviewed received the necessary care through established and medical industry-approved processes within reasonable time frames. We did not identify any notable, systemic negative effects or areas for the processes to become more efficient. Therefore, we do not make any recommendations in this report.

Respectfully submitted,

A handwritten signature in black ink that reads "Elaine M. Howle". The signature is written in a cursive, flowing style.

ELAINE M. HOWLE, CPA
California State Auditor

Selected Abbreviations Used in This Report

CalPIA	California Prison Industry Authority
CDCR	California Department of Corrections and Rehabilitation
COMPSTAT	Computerized statistics system for strategic and operational performance data
SCIF	State Compensation Insurance Fund

Contents

Summary	1
Introduction	3
Audit Results	
The Timing of SCIF’s Liability Acceptance Did Not Affect Injured Workers’ Access to Medical Care	9
Despite Different Processes and Time Requirements, Employees and Inmates Received Timely Treatment	11
Many Factors Affect the Recovery Time of Injured Workers	18
Differences in Work Restrictions Caused Some Employees to Return to Work More Slowly Than Inmates	22
Appendix	
Scope and Methodology	29

Summary

Results in Brief

California's workers' compensation system generally requires employers, such as the State's correctional facilities (facility), to provide for medical care for injuries that workers sustain on the job. The facilities of the California Department of Corrections and Rehabilitation (CDCR) and the California Prison Industry Authority (CalPIA) both employ inmates, and those inmates are entitled to file claims for injuries sustained while working. CDCR provides inmates jobs at the facilities, such as working in the kitchen or performing yard work, while CalPIA operates manufacturing and agricultural industries intended to provide inmates with work skills and reduce recidivism. Although state law allows inmates to file workers' compensation claims for work-related injuries sustained while they are incarcerated, it prohibits them from receiving certain workers' compensation benefits, such as disability payments, until they are released from prison.

Our review of workers' compensation cases found that many employees and inmates received immediate initial medical care following a work-related injury. Although the objectives for this audit asked that we compare the timeliness of treatment for CDCR employees and inmates for work-related injuries, different purposes and procedures for providing care to injured employees and inmates complicate any meaningful conclusions when making this comparison. Variability in the severity of the injuries and in the overall health of the injured workers further complicates a direct comparison of the timeliness of medical care for employees and inmates. Those differences aside, the employees and inmates we reviewed received the necessary care through established and medical industry-approved processes within reasonable time frames, and we did not identify notable, systemic negative effects or areas for the processes to become more efficient. Therefore, we do not make any recommendations.

The State Compensation Insurance Fund (SCIF), which administers CDCR's workers' compensation claims, decides whether an injury is work-related and if it should therefore accept liability for a submitted claim. In this report, we refer to SCIF's determination of whether the injury leading to a claim was work-related as a *liability decision* and to instances in which SCIF accepts liability for claims for work-related injuries as *accepted claims*. With the exception of limited initial medical treatment, employees will receive workers' compensation benefits only if the claim is accepted. Although SCIF also makes liability decisions for inmates, their injuries are treated as needed by California Correctional Health Care Services (Correctional Health), which provides care to California's prison inmate population at all CDCR facilities statewide regardless of whether the injury is work-related.

Audit Highlights . . .

Our audit to determine the timeliness of workers' compensation claims approval and the provision of medical treatment for CDCR employees and inmates following work-related injuries revealed the following:

- » *SCIF and CDCR authorized requested medical treatments within required time frames, and any late claims or liability decisions did not affect injured workers' access to medical care.*
- » *Many CDCR employees and inmates we reviewed received immediate initial medical care following a work-related injury.*
- » *Employees were generally released from care more slowly than inmates, although this difference may be due to the types and severity of injuries in these groups.*
- » *We did not identify any notable, systemic negative effects or areas for the processes to become more efficient.*

Our review also found that SCIF and Correctional Health promptly facilitated any necessary medical treatment beyond an initial exam, although the means by which they did so differed. Specifically, even though SCIF must review most proposed treatments for injured employees and decide whether the treatment is medically necessary, Correctional Health only uses its formal process to review inmate treatments for medical necessity when the proposed treatment is high cost, high risk, exceptional, or complex; in other cases, Correctional Health's providers prescribe necessary treatments without going through a review process. Correctional Health's policy establishes required time frames for the provision of medical treatment to inmates, which we found that it generally met. Although state law does not address how quickly a medical provider must provide treatment to an injured employee after SCIF approves the treatment, we found that medical providers similarly provided treatments to employees in a timely manner.

Employees were generally released from care more slowly than inmates, although this difference may be due to the types and severity of injuries in these groups. Physicians determine when an injured worker is ready to be released from care, but this date does not always coincide with the date that an injured worker returns to work. SCIF noted that many variables can affect the recovery process, such as injury type, injury severity, and employee characteristics; these variables also limit our ability to draw meaningful conclusions from summarized data based on the release-from-care dates. In addition, Correctional Health generally does not determine the release-from-care date for inmates because inmates continue to receive care regardless of whether the injury is work-related.

Just more than half of CDCR employees we reviewed returned to work within 30 days, while 78 percent of inmates reviewed returned within 30 days, and many of those within 10 days after their first medical visit. The longer time for employees to return to work, compared to inmates, may be due to the facilities' inability to accommodate physical work restrictions for employees in certain job roles.¹ Further, CDCR policy limits facilities from accommodating work restrictions that would affect the safety and security of the facility. For example, the facilities were generally unable to accommodate physical work restrictions for correctional officers who oversee the security of the facility.

Agency Responses

Because this report is informational in nature and does not contain recommendations, we did not request responses to the draft report.

¹ For purposes of this report, *accommodation of work restrictions* is not synonymous with the *reasonable accommodation* requirements of the Americans with Disabilities Act.

Introduction

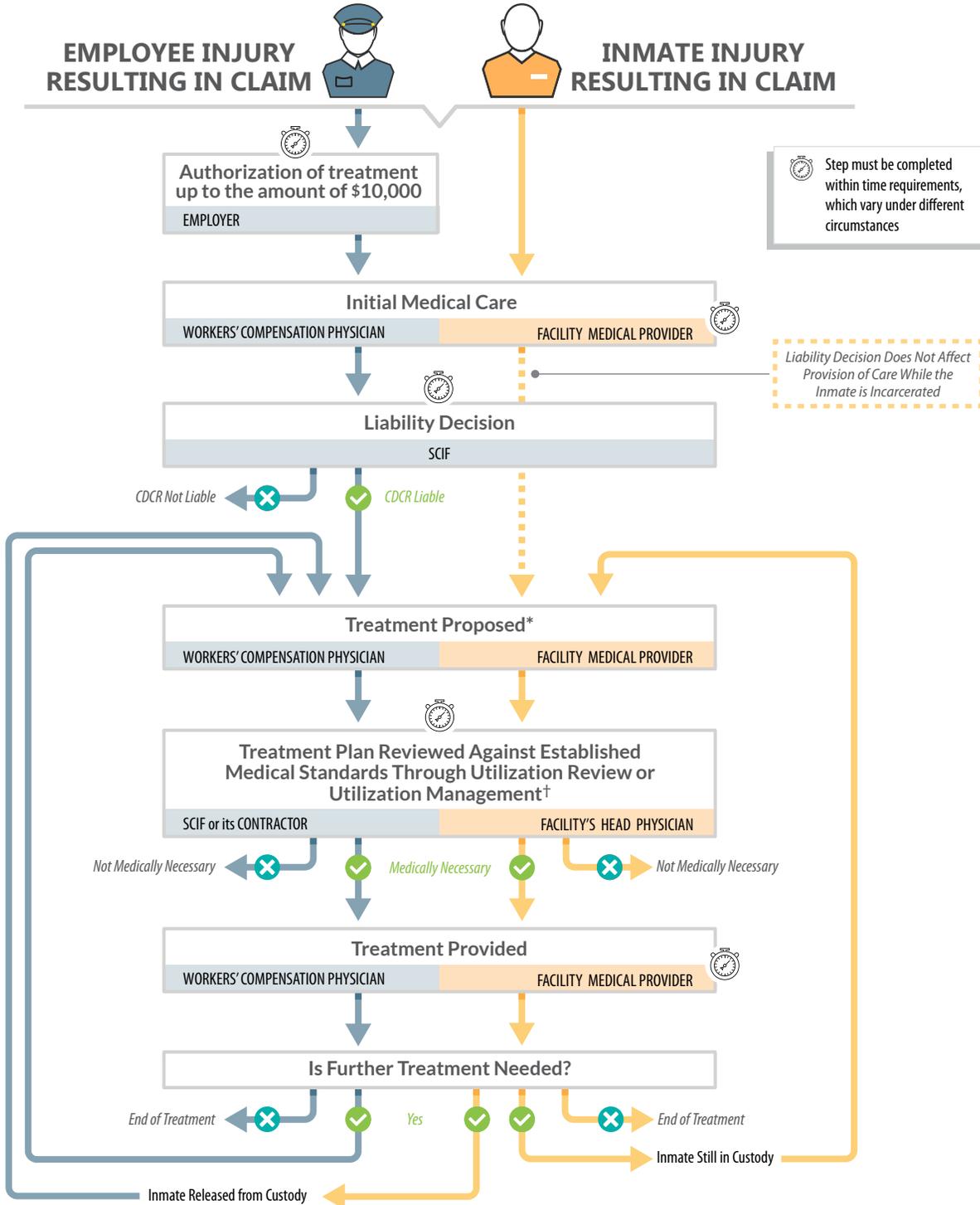
Background

The California Constitution grants the Legislature authority to create a workers' compensation system, which generally requires employers, including state agencies and departments, to provide employees with certain benefits, such as disability pay and medical care to cure or relieve injuries, when they sustain those injuries on the job. Employees can sustain work-related injuries in many ways, including during a single incident; from a physically traumatic repetitive activity over time; or from repeated exposure at work, such as loss of hearing from constant loud noise. Through an agreement with the California Department of Human Resources, the State Compensation Insurance Fund (SCIF) administers the workers' compensation claims process for many state agencies and departments, including the California Department of Corrections and Rehabilitation (CDCR). SCIF processes claims for work-related injuries submitted to it, determines liability for those claims, and helps ensure that the medical procedures requested are appropriate to treat the workers' injuries, among other functions. We describe SCIF's duties more completely later in the Introduction.

If injured while performing work-related duties, both CDCR employees and inmates on job assignments are generally eligible to receive workers' compensation benefits.² If SCIF denies liability for an employee's injury because it determines that the injury was not work-related, the injured employee can continue to receive medical care through his or her regular medical provider. Inmates are not eligible to receive disability pay while they are incarcerated, but they are not dependent on approval or payment from SCIF for medical care for their injuries the way employees are. However, once an inmate is paroled or discharged from a correctional facility (facility), the former inmate may seek workers' compensation benefits, such as disability pay and further medical care, through SCIF for accepted work-related injuries sustained while incarcerated that are not fully healed. At that point, the former inmate follows the same process as an employee would. Figure 1 shows the steps CDCR employees and inmates take to receive medical care for work-related injuries.

² Throughout this report, we refer to injured employees and inmates collectively as *injured workers*.

Figure 1
Medical Treatment for Work-Related Injuries for CDCR Employees and Inmates Follow Similar Processes but Are Administered Separately and Under Different Criteria



Source: State law; CDCR, Correctional Health, and SCIF policies; and staff interviews.

* This graphic shows the process for a prospective treatment request in which SCIF authorizes the treatment before it is provided. A separate process for retrospective requests allows SCIF to approve treatment after it is provided. However, a majority of the requests we reviewed were prospective.

† Utilization review and utilization management are not always required steps. For inmates, it is only necessary for "high cost, high risk, exceptional, and complex cases." For employees, certain medical providers can bypass the review for specific procedures.

Liability for Work-Related Injuries

SCIF administers CDCR's workers' compensation claims and is responsible for deciding on behalf of CDCR whether to accept liability for claims arising due to work-related injuries sustained by employees and inmates. SCIF's agreement with state departments requires CDCR to submit initial claim information within the five-day statutory time frame. Further, state law requires SCIF to accept the claim, deny the claim, or notify the employee of a delay in the decision within 14 days of the date the employer is made aware of the injury. Accepting liability generally means agreeing that the injury occurred while the individual was working and was caused by the worker's job and, therefore, that CDCR is financially responsible for the associated benefits, including medical treatment. Throughout this report we refer to this determination by SCIF as a *liability decision* and to instances in which SCIF accepts liability for work-related injuries as *accepted claims*.

Inmates receive medical care for both work-related and non-work-related injuries through California Correctional Health Care Services (Correctional Health), which is under the control of a court-appointed federal receiver. A federal court established the receivership after issues with inmate medical care resulted in a class action lawsuit. In 2005 the federal court determined that CDCR had not ensured that its medical care system met constitutional standards. As a result, the court appointed a receiver effective April 2006 to provide leadership and executive management of CDCR's health care delivery system. Although the federal receiver has begun delegating the responsibility for providing medical care back to CDCR's facilities as the facilities prove they can provide a constitutionally-adequate level of care, the management of inmate medical care at the three facilities we reviewed varied. Specifically, medical care at California Rehabilitation Center and California State Prison, Solano is still under the authority of the federal receiver, and medical care at California Men's Colony was delegated back to CDCR in May 2018.

When seeking treatment for work-related injuries, CDCR employees generally obtain care from providers within SCIF's medical provider network. State law allows injured employees to obtain up to \$10,000 in care while SCIF is making a liability decision. These costs for initial treatment of an injury are covered by CDCR regardless of whether SCIF accepts or denies the claim. Employees with accepted claims generally continue to receive care through the SCIF medical provider network; employees whose claims are denied by SCIF, including those whose denials are upheld upon an appeal, may seek medical care through their regular medical providers. Employees with denied claims are not required to repay up to \$10,000 in costs incurred for medical treatment before SCIF's denial of liability, but SCIF will not cover the cost of further treatment for the claimed injury.

Authorization for Treatment

State law generally requires medical treatment for work-related injuries to incorporate nationally recognized standards of care. State law specifically requires the adoption of a medical treatment schedule that incorporates the American College of Occupational and Environmental Medicine's Practice Guidelines or other nationally recognized evidence-based medical treatment guidelines. SCIF or its contractor is responsible for determining whether medical treatment requested by medical providers for employees with accepted claims aligns with these guidelines. Similarly, Correctional Health determines the appropriateness of all medical treatment of inmates regardless of whether an injury is work-related. Either Correctional Health or SCIF can deny treatment that it determines to be medically unnecessary.

Correctional Health refers to its process of making these determinations as utilization management; SCIF refers to its process as utilization review. However, Correctional Health's approval for specific treatments is necessary only for treatments that are high cost, high risk, or exceptional and complex. Correctional Health indicates that its providers may prescribe certain treatments—such as X-rays, certain imaging services, and selected medication—without going through utilization management. Similarly, SCIF has preauthorized certain routine and noncomplex treatments when performed by specific, preapproved providers without requiring the utilization review process. Therefore, some workers' compensation treatments may be preauthorized, whereas others must first be reviewed by SCIF or Correctional Health.

Returning to Work

For both employees and inmates, the treating medical provider must decide whether the injured worker can return to full duty; return to work with physical restrictions, such as no lifting or running; or be medically placed off work following a work-related injury. In the event the medical provider clears the injured worker to return to work with restrictions, the employer—in this case the facility—assesses the extent to which the injured worker can perform the job duties of his or her position without compromising the safety and security of the facility. If the facility determines that the restrictions prevent the injured worker from performing his or her duties, it places the injured worker off work.

CDCR's Employee and Inmate Workforce

CDCR has a wide range of employees, such as correctional officers, administrative staff, and maintenance workers. As Table 1 shows, each of the three facilities we reviewed employed about 1,000 staff as of June 2018 and had roughly 360 accepted workers' compensation claims for employees from January 2015 through June 2018. These claims included injuries ranging from those typical of office or medical settings, such as carpal tunnel syndrome or strained backs from lifting medical equipment, to those sustained by correctional officers, such as injuries from inmate assaults.

CDCR housed 129,000 inmates as of June 2018. According to CDCR, it employed 60,000 of those inmates in jobs, such as working in the kitchen or carpentry shop or performing yard work on facility grounds. The California Prison Industry Authority (CalPIA), which operates manufacturing and agricultural industries with the intent to provide inmates with work skills and to reduce recidivism, employed an additional 5,000 inmates. As Table 1 shows, each of the three facilities we reviewed employed between 1,700 and 3,300 inmates as of June 2018 and had between 49 and 79 accepted workers' compensation claims for inmates from January 2015 through June 2018. Further, according to SCIF, as of June 2018, it had provided compensation or medical benefits to 952 former inmates who suffered work injuries at facilities statewide from January 2015 through June 2018. SCIF's database does not specify where former inmates who receive workers' compensation benefits were housed during incarceration; therefore, SCIF could not identify how many of the 952 former inmates were injured at the three facilities we reviewed.

Table 1
Accepted Workers' Compensation Claims By Facility Reviewed
As of June 2018

	FACILITIES REVIEWED			TOTALS
	CALIFORNIA MEN'S COLONY	CALIFORNIA REHABILITATION CENTER	CALIFORNIA STATE PRISON, SOLANO	
CDCR Employees	1,166	959	945	3,070
Accepted Claims, January 2015 through June 2018	362	364	357	1,083
Facility Inmate Population	3,911	2,420	3,993	10,324
Employed Inmates	3,344	1,738	2,627	7,709
Accepted Claims, January 2015 through June 2018	79	58	49	186

Source: CDCR's unaudited data from its Computerized Statistics (COMPSTAT) system, SCIF reports of accepted claims, and facilities' lists.

Audit Results

The Timing of SCIF's Liability Acceptance Did Not Affect Injured Workers' Access to Medical Care

Our review of 30 employee and 36 inmate workers' compensation claims from January 2015 through June 2018 showed that SCIF completed most liability decisions within required time frames. SCIF is allowed to delay liability decisions in certain circumstances, which it did in 15 of the cases we reviewed. However, these delays did not hinder the injured workers' access to medical care. SCIF and CDCR's facilities took the necessary actions to ensure that SCIF complied with time requirements regarding its liability decisions in most of the cases we reviewed.

SCIF Made Most Liability Decisions Within Required Time Frames

SCIF completed most liability decisions, including those that were delayed, within the time frames set by laws and regulations. SCIF must make a liability decision about each claim to establish whether the injury is work-related and therefore whether the employer is financially responsible for treatment. State law requires SCIF to accept the claim, deny the claim, or notify the employee of a delay in the decision within 14 days of the date the employer is made aware of the injury. SCIF may delay a claim decision because it needs additional required information, such as a claim form or statement from the employee, or if SCIF cannot determine if the employer has any liability for the injury. However, if SCIF fails to reject liability within 90 days of when the injured worker files the claim, liability is presumed to be accepted, as we explain later in this section.

SCIF and the facilities took the necessary steps to comply with the 14-day requirement to accept, deny, or delay the claim in most of the 30 employee and 36 inmate claims we reviewed, as Table 2 shows. For all of SCIF's late decisions, ranging from one to 63 days, we noted that the facilities did not submit claim information to SCIF within the required time frames. SCIF's agreement with state departments requires CDCR to submit initial claim information within the statutory time frame—which is five days—but CDCR's facilities did not meet this requirement for any of the claims with late liability decisions. In five cases—one employee and four inmates—the facilities did not inform SCIF of the injury claims until the 14-day requirement had passed, making it impossible for SCIF to comply with the 14-day requirement. When the facilities informed SCIF of these five claims after 14 days or more had passed, SCIF made the liability decision on them as early as the same day and no later than eight days after receiving the claim information.

Table 2
SCIF's Late Liability Decisions Resulted From Untimely Notification From Facilities After They Learned of an Injury

	SCIF DECIDED LIABILITY OR DELAYED DECISION WITHIN 14 DAYS	SCIF DECIDED LIABILITY AFTER MORE THAN 14 DAYS	FOR THOSE OUTSIDE OF 14 DAYS		
			FACILITY SENT CLAIM TO SCIF WITHIN 5 DAYS (REQUIRED TIME FRAME)	FACILITY SENT CLAIM TO SCIF IN 6 TO 14 DAYS	FACILITY SENT CLAIM TO SCIF AFTER MORE THAN 14 DAYS
Employees	28 of 30	2	0	1	1
Inmates	26 of 36	10	0	6	4

Source: Analysis of 30 employee and 36 inmate workers' compensation claims from January 2015 through June 2018.

When making its claim determinations, SCIF's claims adjusters obtain information about the injury by reviewing injury reports, witness statements, and other relevant documentation, and by interviewing individuals who have or may have knowledge about the injury, such as the injured worker, employer, and physicians, to evaluate whether CDCR is liable for the injury. If SCIF cannot determine whether CDCR has liability for an injury within 14 days after it learned of the injury, state law allows SCIF to delay its decision so that it can collect the necessary information. Of the 30 employee and 36 inmate cases we reviewed, SCIF delayed its liability decision in five employee and 10 inmate cases, and it subsequently made all but one of those 15 delayed decisions within the 90-day requirement.

According to state law, if SCIF fails to make a determination in 90 days, liability is presumed to be accepted, but that acceptance can be reversed if evidence supporting a denial is discovered after 90 days has passed, and that evidence could not have been reasonably obtained prior to the 90 days. As such, liability should have been presumed accepted in the one case in which SCIF did not make its decision in 90 days, but SCIF denied liability two weeks later, stating in its denial letter that there was no medical evidence to support an injury. SCIF's claims compliance director explained that it can rebut presumption of accepted liability if it is unable to ascertain a medical opinion regarding the alleged injury, which was the situation in this case. However, we disagree that SCIF had appropriate cause to deny the claim at that point, as no additional evidence had been discovered. Regardless, because the worker was an inmate, his immediate medical care was not affected by the liability decision, and upon his release from incarceration, the inmate successfully appealed SCIF's denial of liability.

Delayed Liability Decisions Did Not Affect Access to Medical Care in the Cases Reviewed

Our review showed that the delayed or late liability decisions did not hinder injured workers' access to medical care. For four of the five employees whose liability decisions were delayed, the employee received treatment two or more weeks before SCIF accepted liability. Two employees whose claims had not been delayed also received care before the liability decision. Many inmates whose claims we reviewed received treatment before SCIF accepted liability, regardless of whether SCIF first delayed the decision, because their treatment did not depend on SCIF's liability decisions. In the remaining cases, injured workers either did not need subsequent treatment or SCIF had accepted liability by the time the medical provider requested approval for a treatment.

As we discuss in the Introduction, state law allows employees with work-related injuries to obtain up to \$10,000 in relevant medical care while SCIF is making its liability decision. After the employee receives an initial medical exam, all subsequent treatments using these funds are subject to review for medical necessity, a process which we describe further in the next section. Additionally, once SCIF makes a decision to accept liability, it may retroactively authorize treatment by determining that a treatment was appropriate and agreeing to pay for it. If SCIF decides to deny liability, it will not authorize any further payments for medical treatment, although the employee is not required to pay back up to \$10,000 of the cost of the earlier treatment.

For inmates, the timing of SCIF's liability decision does not affect the timing or provision of medical care because Correctional Health must provide all medical care to inmates regardless of the origin of the injury or illness. The liability decision does not affect medical care for an inmate suffering a work-related injury unless and until the inmate is no longer incarcerated and requires further treatment. At that point, the now-former inmate must have an accepted claim on file with SCIF to receive additional medical care through the workers' compensation system.

Despite Different Processes and Time Requirements, Employees and Inmates Received Timely Treatment

Many of the injured workers whose cases we reviewed received immediate medical care following a work-related injury, and SCIF and Correctional Health facilitated any further medical treatment needed for those injured workers in a timely manner. However, SCIF's and Correctional Health's different purposes and procedures

The timing of SCIF's liability decision does not affect the timing or provision of medical care for inmates because Correctional Health must provide all medical care to them regardless of the origin of the injury or illness.

for providing care to injured employees and inmates complicate any meaningful conclusions when comparing the provision of employee and inmate medical treatment following a work-related injury.

Different Purposes and Processes for SCIF and Correctional Health Limit Meaningful Comparisons of Treatment for Injured Employees and Inmates

Although SCIF and Correctional Health both facilitate medical care for injured workers, each organization has distinct priorities unique to the populations they serve. SCIF makes a liability determination for each workers' compensation claim and reviews treatment requests, which it approves only for accepted or delayed claims for work-related injuries. SCIF does not actually provide medical care; rather, medical providers within SCIF's network generally provide the treatments. In contrast, Correctional Health must provide to inmates a constitutionally adequate level of care, regardless of whether the injury is work-related. Additionally, Correctional Health directly provides on-site treatment to injured inmates, except in circumstances when outside medical care is needed. For these reasons, it is difficult to draw meaningful conclusions when comparing the provision of employee and inmate medical treatment following a work-related injury.

SCIF and Correctional Health both authorize medical care for injured workers, but have different processes, policies, and time requirements governing the approval of treatment.

SCIF and Correctional Health both authorize medical care for injured workers, but have different processes, policies, and time requirements governing the approval of treatment. As we discuss in the Introduction, if an injured employee's workers' compensation physician requests further treatment to address a work-related injury, state law requires SCIF to review the request to ensure that it meets established medical standards before authorizing it. This utilization review process is based on nationally recognized standards of care, and SCIF is responsible for determining that the requested treatments align with medical treatment standards.

In addition to its utilization review process, SCIF has established a program that facilitates treatment by allowing a select group of medical providers—which it calls *passport providers*—to provide certain treatments without having to first obtain individual authorization through its formal utilization review. Under this program, SCIF authorizes medical providers as passport providers if they have consistently adhered to evidence-based treatment guidelines and have demonstrated superior outcomes. Only certain treatments are preauthorized under this program including physical therapy up to 24 visits; antibiotics for the first 30 days after injury; up to three steroid injections; and some surgery, such as an initial hernia repair. Passport providers must still obtain approval from SCIF for less common treatments. Because passport providers can

provide certain treatments without waiting for SCIF's approval, an employee can receive treatment faster. As we discuss in the next section, the 12 employees we reviewed who received their treatment through passport providers generally received their treatment faster than the employees who saw non-passport providers and received comparable treatments that required approval through SCIF's utilization review process.

Correctional Health has entirely different policies for the medical treatment it provides to inmates. It must provide medical treatment to inmates for all injuries, including work-related injuries. Correctional Health's providers, including physicians, nurse practitioners, and physician assistants, may prescribe certain treatments without needing authorization through utilization management. These treatments include selected medications and durable medical equipment, as well as X-rays and certain imaging services. Correctional Health ensures medical necessity and authorizes treatments that are high cost, high risk, exceptional, or complex cases through its utilization management process. Of the 36 inmate work-related injuries we reviewed, 14 cases included treatments requiring authorization through the utilization management process. The other 22 inmates we reviewed did not require authorization for their treatments. In many of these 22 cases, Correctional Health provided low-level treatments such as basic pain medicine, ice, and splints or wraps following the work-related injury.

Treatment provided to employees and inmates may differ in its timeliness yet still meets the requirements specific to each population. Although SCIF's utilization review process is functionally similar to Correctional Health's utilization management process, the time frames for authorizing treatment differ for each. For example, state law generally requires that once SCIF is in receipt of the information it needs to make its determination, it must approve, modify, or deny physicians' requests for treatment within 72 hours for urgent cases and five business days for nonurgent cases.³ However, the utilization review requirements under state law do not address how quickly a medical provider must actually provide the approved treatment to injured employees. In contrast, Correctional Health's procedures require approval of treatment for inmates requested through its utilization management process within two days in urgent cases and seven days in routine cases. Its policies also require that Correctional Health provide approved treatments to injured inmates within 14 days in urgent cases and 90 days in routine cases.

Although SCIF's utilization review process is functionally similar to Correctional Health's utilization management process, the time frames for authorizing treatment differ for each.

³ An urgent case is one in which the injured employee faces an imminent and serious threat to his or her health.

Although Correctional Health's procedures require treatment of inmates within these time frames, no such requirement exists for employee treatment, which complicates any conclusions drawn from a direct comparison of the provision of medical care to employees and inmates for work-related injuries.

Medical Providers Treated Workers Promptly and SCIF and Correctional Health Authorized Requested Treatments Within Required Time Frames

The employees and inmates we reviewed received necessary care through established and medical industry-approved processes within reasonable time frames, and we did not identify notable, systemic negative effects or areas for the processes to become more efficient. Specifically, many of the employee and inmate workers' compensation claim files we reviewed showed that the injured worker received immediate initial medical care following a work-related injury. For example, of the 30 employees we reviewed with work-related injuries, two obtained treatment before informing CDCR of their injuries, 23 received medical care within one day of informing CDCR of their injuries, and four others obtained care within a week of informing CDCR. The remaining employee filed a claim for a cumulative injury—an injury caused by repeated events or repeated exposures at work, such as a wrist injury from repetitively performing the same motion or a loss of hearing because of constant loud noise—and obtained care 17 days after reporting the injury to CDCR. For inmates, of the 36 work-related injuries we reviewed, the inmates received medical care on the same day as the injury in 29 cases. For the remaining seven cases, one inmate obtained medical care the next day, two suffered relatively minor injuries that did not require immediate medical care, and four did not request medical care until one or more days after the injury.

In our review of employee and inmate treatment requests submitted after they had received initial medical care, both SCIF and Correctional Health authorized requests within the required time frames in nearly every case. Specifically, in the 30 employee cases we reviewed, SCIF authorized all requests for further treatment within the time frames that the law requires. Similarly, in 13 of 14 inmate cases in which the inmate's physician requested authorization for treatment, the facility processed the request within the required period, as Table 3 shows. In the remaining inmate case, the facility approved the treatment request two days late. However, because Correctional Health provided the requested treatment to the inmate within 21 days of the approval of treatment—well within Correctional Health's 90-day time frame for routine treatments—the inmate was not negatively affected or harmed by the late approval of the requested treatment.

In the 30 employee cases we reviewed, SCIF authorized all requests for further treatment within the time frames that the law requires.

Table 3
SCIF and Correctional Health Generally Processed Requests for Treatment Authorization Within the Required Time Frames

AUTHORIZATION PRACTICE	CALIFORNIA MEN'S COLONY	CALIFORNIA REHABILITATION CENTER	CALIFORNIA STATE PRISON, SOLANO	TOTALS
SCIF				
Number of employees requiring authorization of treatment for a work-related injury	6 of 10	4 of 10	2 of 10	12 of 30
How many treatment authorizations did SCIF process within the required time frame?*	6 of 6	4 of 4	2 of 2	12 of 12
Correctional Health				
Number of inmates requiring authorization of treatment for a work-related injury	6 of 12	5 of 10	3 of 14	14 of 36
How many treatment authorizations did Correctional Health process within the required time frame?†	6 of 6	5 of 5	2 of 3	13 of 14

Source: Review of workers' compensation claims and medical records, state law, and Correctional Health's policies.

■ Generally complied

* State law generally requires SCIF to approve or deny treatment authorizations within 72 hours for urgent cases and five business days for nonurgent cases once SCIF is in receipt of the information it needs to make a determination.

† Correctional Health policy requires different time frames for processing urgent and routine inmate treatment authorizations—two days for urgent treatment and seven days for routine treatment.

The number of days between the date of a worker's injury and the date of treatment varied greatly, although this metric does not always provide an accurate measurement of treatment timeliness. For example, our testing showed that 17 injured workers did not immediately report their work-related injuries, which delayed how quickly a physician could recommend treatment. In fact, in three cases, the workers did not report their injuries for more than three months, leading to a longer time between the date of injury and the date treatment was provided. For example, one employee's date of injury was more than five months before the employee informed CDCR of the injury; therefore, the employee did not receive treatment for several months.⁴ For several inmate cases, Correctional Health physicians initially provided treatments that did not require authorization but then resorted to high-level or high-cost treatments requiring authorization. For example, in one inmate case, Correctional Health did not recommend a treatment requiring authorization until more than 100 days after the inmate's date of injury because the inmate's physician initially ordered a low-level treatment. However, Correctional Health still provided the inmate with consistent medical care during the period leading up to the eventual authorization. For these reasons,

⁴ When the employee filed the claim form, the employee self-identified the date of the injury as being more than five months earlier. According to a return-to-work coordinator, in the case of cumulative injuries, employees have discretion in self-identifying the date of injury.

State law regarding utilization review does not address how quickly injured employees must be treated.

we believe the time between the date a medical professional recommends treatment and the date the injured worker receives that treatment provides a more meaningful measurement of treatment timeliness.

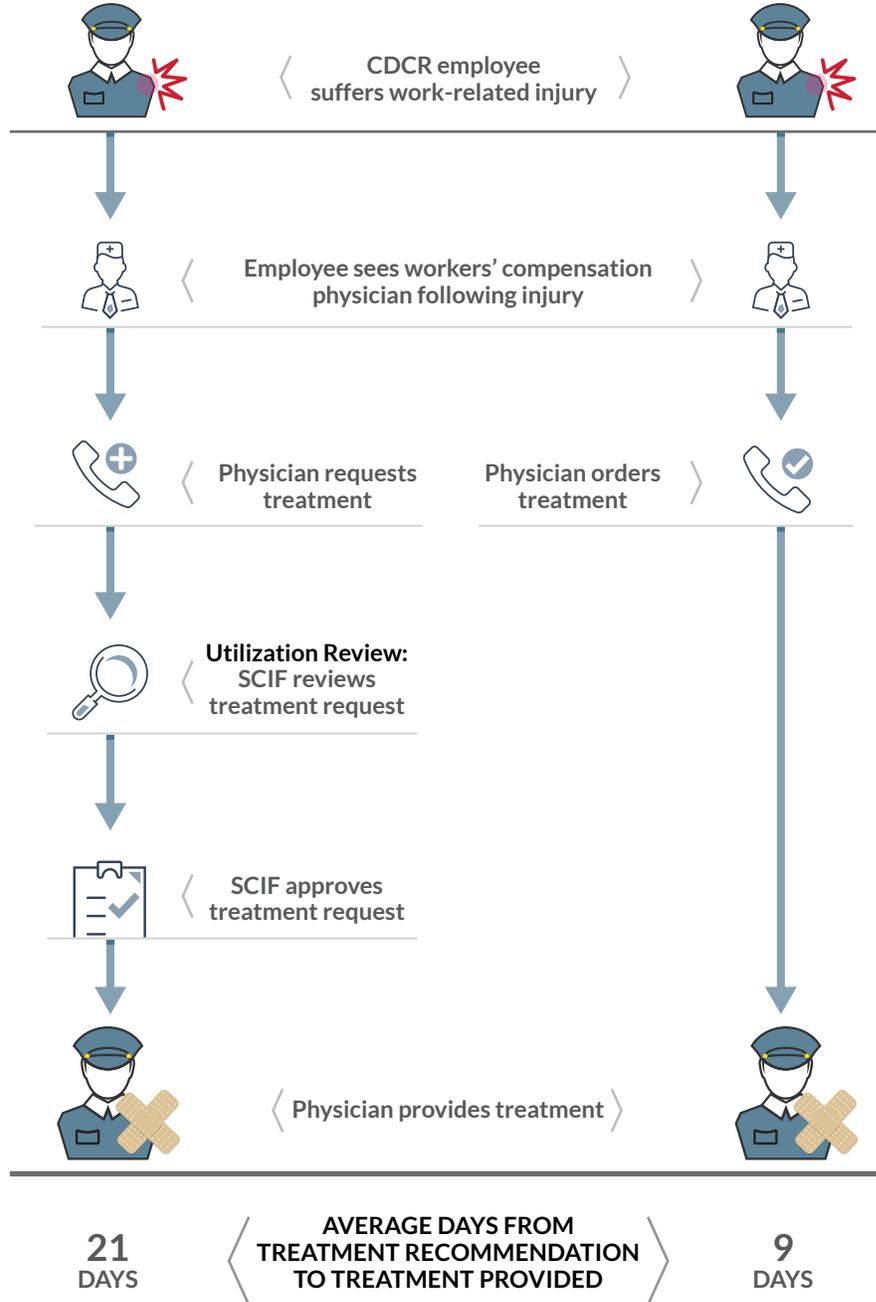
Following authorization of a requested treatment for a workers' compensation injury, employees generally received recommended treatments for their work-related injuries in a timely manner. State law regarding utilization review does not address how quickly injured employees must be treated. SCIF's claims compliance director stated that it is incumbent on the injured worker and medical provider to schedule an appointment for treatment following SCIF's approval of the treatment request. Despite the utilization review process lacking a requirement for how quickly medical providers should provide authorized treatments, for the 15 employee treatment requests we reviewed, employees received the approved treatment between four and 42 days after authorization.

In 12 of the 30 cases we reviewed, employees received treatment through passport providers between zero and 34 days after the medical provider recommended treatment. As Figure 2 shows, for comparable treatments, such as physical therapy, passport providers generally delivered treatment faster on average than medical providers who required preauthorization through utilization review. SCIF's claims compliance director explained that passport providers have demonstrated to SCIF that they have an established process for efficiently and effectively treating workers' compensation injuries, including providing medically necessary treatment while minimizing costs and the amount of time a claim is open. She also explained that because passport providers have demonstrated that they effectively review treatments for necessity, SCIF's utilization review is unnecessary for low-level treatments. However, she stated that not all medical providers in SCIF's network have demonstrated that they meet the above requirements; therefore, they are not all passport providers. As a result, there are not enough passport providers for all employees to take advantage of this program. Additionally, although passport providers generally treated injured employees more quickly than employees who received comparable treatments through utilization review, in one case the injured employee waited 34 days after a treatment recommendation before receiving the recommended treatment, demonstrating that passport providers did not always provide a quicker path to treatment. SCIF's claims compliance director stated that the amount of time it takes for an injured worker to receive treatment is usually contingent on scheduling limitations of the medical provider and injured worker.

Figure 2
Employees Receive Comparable Medical Care Faster With Passport Providers

TREATMENTS REQUIRING AUTHORIZATION

PREAUTHORIZED TREATMENT THROUGH PASSPORT PROVIDERS



Source: Analysis of selected workers' compensation claims.

In nearly every inmate case we reviewed, Correctional Health provided authorized treatment for work-related injuries within the required time frame.

In nearly every inmate case we reviewed, Correctional Health provided authorized treatment for work-related injuries within the required time frame. Correctional Health's policy requires medical care within 14 days for approved urgent treatments and within 90 days for approved routine treatments. Its policy also mandates that Correctional Health personnel ensure that emergency treatment occurs immediately. Of the 13 inmate cases we reviewed in which the inmate received a treatment requiring authorization, Correctional Health provided treatment for 12 inmates within the required time frames. In the remaining case, CDCR transferred the inmate to a different facility after Correctional Health had approved the requested routine treatment, and the inmate received the treatment 23 days later than the 90-day mandated time frame. The available documentation is unclear as to whether the transfer directly caused the treatment delay. Correctional Health's health care transfer policy requires that a facility summarize an inmate's medical information—including current treatments—and send it to the receiving facility's medical personnel when an inmate transfers between facilities. In this case, Correctional Health personnel followed the policy and indicated that the inmate had approved treatment pending, yet the inmate did not receive treatment until medical personnel at the receiving facility filed and approved a new treatment request. However, with the exception of this case, Correctional Health complied with its policies for providing timely treatment to inmates, as Table 3 on page 15 demonstrates.

Many Factors Affect the Recovery Time of Injured Workers

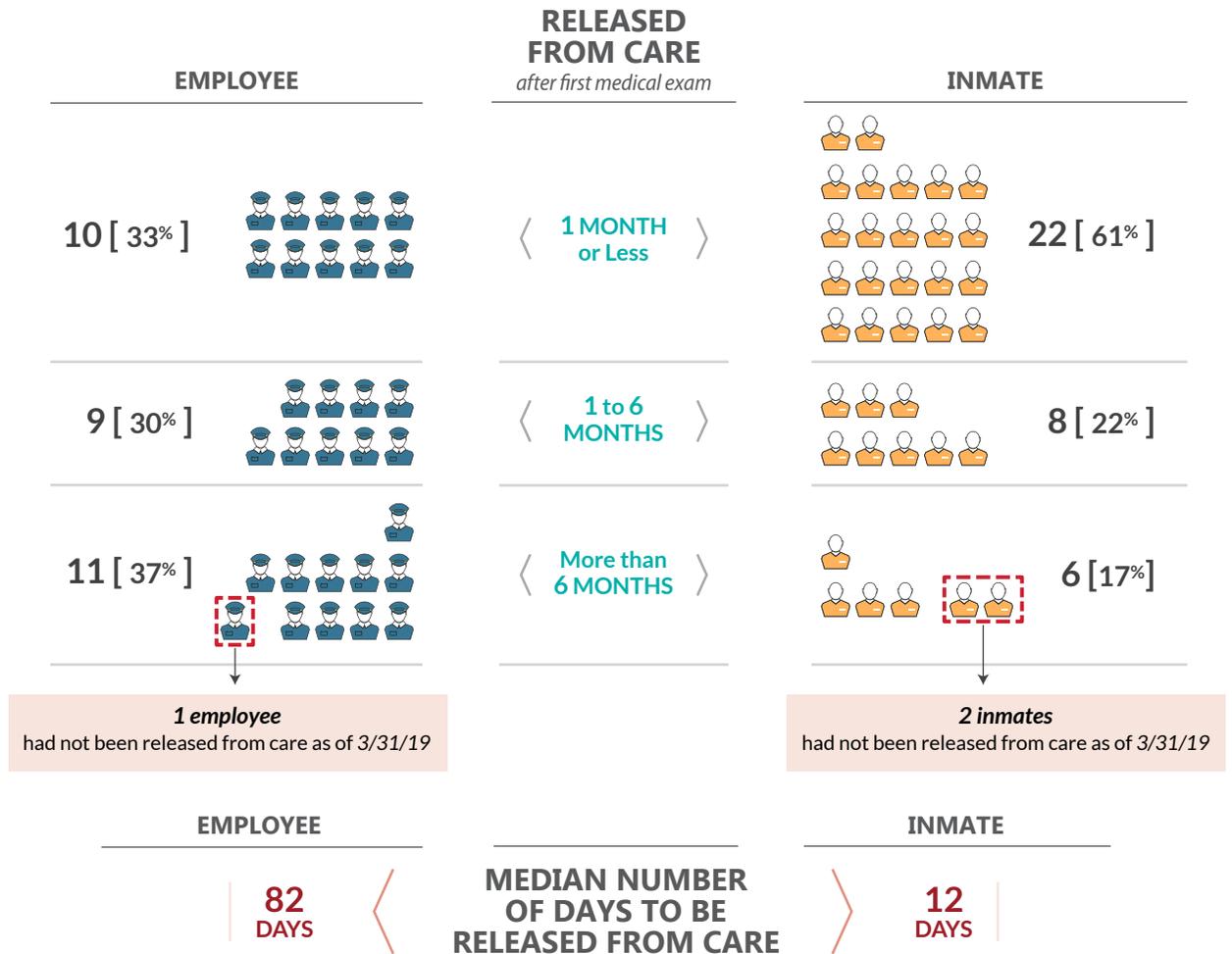
Our review of 30 employee and 36 inmate cases showed that employees generally recovered more slowly than inmates. However, the time it takes for injured workers to recover can vary greatly, even among those with comparable injuries. Variables such as the severity of the injury and the worker's health history affect recovery time, or an injured worker with an existing medical condition may naturally take longer to recover from an injury. As a result, although SCIF generally had documentation of the date of an employee's release from care, the variables affecting recovery limited the ability to draw meaningful conclusions from summarized data that are based solely on when a worker was released from care. Further complicating the analysis, Correctional Health's documentation of an inmate's release from care date for a work-related injury was inconsistent.⁵ Therefore, we reviewed individual case files instead of drawing conclusions from the summarized data.

⁵ In terms of providing medical care, Correctional Health does not have a business need to determine or document an inmate's release from care date because, by law, it must treat all injuries and illness as long as the inmate is incarcerated.

A Variety of Factors Affect an Injured Worker's Recovery Time

As Figure 3 shows, when we measured recovery times from the date a worker first received medical care for a work-related injury, CDCR employees tended to recover more slowly than inmates.

Figure 3
Employees' Injuries Resulted in Longer Recovery Times Than Inmates' Injuries



Source: Analysis of 30 employee and 36 inmate workers' compensation claims from January 2015 through June 2018.

The difference in recovery times we observed may be, in part, a result of the different types of work-related injuries that employees and inmates sustain. According to a study published in the *Journal of Safety Research*, Vol. 43, No. 3, July 2012, correctional officers in particular are exposed to unique workplace hazards. The U.S. Department of Labor's Bureau of Labor Statistics reports that the incidence rate of correctional officers suffering nonfatal

occupational injuries and illnesses in 2017 was three times greater than the national average for all occupations. Further, 36 percent of such injuries were caused either intentionally or unintentionally by another person. Ten of the 30 employee workers' compensation claims we reviewed resulted from altercations with inmates, during which the employees sustained injuries such as strains, sprains, and bruises to the knees, shoulders, and lower back. The return-to-work coordinators at one facility stated that, based on their facility's claims, inmate work-related injuries tended to be less severe than employee injuries. Two supervisors of inmate work programs also said that the inmate injuries they had observed were generally not severe.

Further, because of the many ways that injuries and individuals differ from one another, the time it takes for injured workers to recover can vary greatly. Even when two workers suffer a similar injury, recovery time can vary drastically depending on the severity of the injury. For example, when two CDCR employees each sustained knee injuries, one was released from care three days after the injury, and the other took almost a year before being released from care. Even though both employees initially showed some knee swelling and reduced mobility, and were provided a brace, the first employee improved after a few days, while the second employee continued to experience pain and eventually underwent surgery.

An injured worker's physical condition, health history, and compliance with treatment instructions can affect the speed of recovery.

An injured worker's physical condition, health history, and compliance with treatment instructions can also affect the speed of recovery. A worker with an existing medical condition may naturally take longer to recover from an injury. For example, one inmate worker we reviewed who was injured in a fall also had past cardiac problems. His doctor noted that it was unclear if some symptoms were the result of his work-related injury, complicating the determination of when the injury had healed. Other health factors and individuals' decisions subsequent to the injury can also affect how quickly the worker recovers. For example, another inmate who injured his arm did not always comply with his medical provider's instructions to wear a sling or brace, and his records show that he consistently refused steroid injections that may have helped alleviate his pain. Because medical advice is intended to facilitate recovery, the inmate's noncompliance with medical orders likely delayed his healing. As with the other factors, it is difficult to establish exactly how detrimental these actions may have been to the recovery process in each case.

The Date of an Injured Worker's Release From Care Does Not Offer a Comprehensive Picture of Recovery

Although SCIF's claims compliance director indicated that the date of maximum medical improvement (maximum improvement) is the closest approximation for measuring an injured worker's

release-from-care date, this date does not offer a comprehensive picture of an individual worker's recovery.⁶ We used the date of maximum improvement to measure release from care because it indicates that a worker's condition has stabilized or is not expected to get substantially better or worse within a year with or without medical treatment, but that milestone does not always mean the worker has fully recovered or requires no further treatment. For example, a physician concluded that one employee we reviewed had reached maximum improvement after recovering from surgery, but the physician still expected that the employee would need further medication and may benefit from future physical therapy to manage certain persisting symptoms. Similarly, maximum improvement does not always coincide with the date that an injured worker returns to work: an injured worker may return to work before, at the same time as, or after reaching maximum improvement, depending on the job and the limitations of the injury.

According to its claims manual, SCIF can rely on the determination of maximum improvement from the injured worker's physician to close workers' compensation claims and to identify whether future care is necessary. Therefore, we generally found that the date of maximum improvement was included in workers' compensation physical documents that we reviewed. However, according to its claims compliance director, SCIF does not consistently record this date as a data point in its database. SCIF's claims compliance director explained that there are too many other factors that can affect the recovery process, such as injury type, injury severity, and employee characteristics, to enable any meaningful conclusions to be drawn from maximum improvement dates. She also added that summarized data based on maximum improvement dates could be easily misinterpreted. Additionally, the maximum improvement date can be determined retroactively, as in one case we reviewed in which the physician determined that the maximum improvement date was four months earlier than his examination date. SCIF's claims compliance director confirmed that a physician may determine that the employee reached maximum improvement at an earlier date based on the physician's medical opinion, evaluation, and review of the medical records. Maximum improvement is also not always documented before a claim is closed. In one case we reviewed, SCIF administratively closed a claim because the employee was no longer receiving regular care for the work-related injury. SCIF notified the employee and the employee's medical provider that documentation of ongoing medical care would keep the case open, but did not receive a response.

The date of maximum improvement does not always coincide with the date that an injured worker returns to work.

⁶ We defined an injured worker's recovery time as the difference between the date of the first medical exam and the date of *maximum medical improvement*—the point at which a physician reports that an injured worker's condition has stabilized, or is not expected to get either substantially better or worse within a year, with or without additional treatment.

In terms of providing medical care, Correctional Health does not have a business need to determine an inmate's maximum improvement date for work-related injuries while an inmate is incarcerated because, by law, it must treat all inmate injuries and illnesses. Inmates were receiving care but Correctional Health documented inmates' recovery less consistently than was done for injured employees. Although some medical records we reviewed included notations that the inmate's injury was fully healed, in others a lack of further records about a specific injury was the only indication treatment was completed. These inconsistencies limited a meaningful comparison about recovery times between the two populations; therefore, we did not evaluate or reach a conclusion on whether a maximum improvement date for inmates established by Correctional Health would be beneficial to SCIF for claims administration and potential future care.

Differences in Work Restrictions Caused Some Employees to Return to Work More Slowly Than Inmates

Our review of 30 employee and 36 inmate work-related injuries found that employees generally returned to work more slowly than inmates. The timing of injured workers' return to work can depend on their ability to perform their job duties. Factors involved in the ability to return to work include the employer's ability to accommodate work restrictions for certain types of employees, such as correctional officers, and state law related to modified work assignments.⁷

Just more than half of the CDCR employees in the cases we reviewed returned to work within 30 days of their first medical visit, although some took more than 250 days. However, the majority of inmates we reviewed returned to work within 30 days and many of those in one to 10 days after their first medical visit. As we discuss in the Introduction, the return-to-work dates for both employees and inmates depend on the treating medical provider's diagnosis and whether the employer can accommodate any prescribed work restrictions. Specifically, the treating medical provider must assess the injured worker's condition to determine whether the worker can return to work immediately and perform full duties; can return to work immediately with physical restrictions (modified duty), such as no lifting or running; or cannot return to work immediately. If the medical provider clears the injured worker to return to work with restrictions, the employer must assess whether the worker can perform his or her job duties with the work restrictions and if not, in the cases of employees, whether it can offer

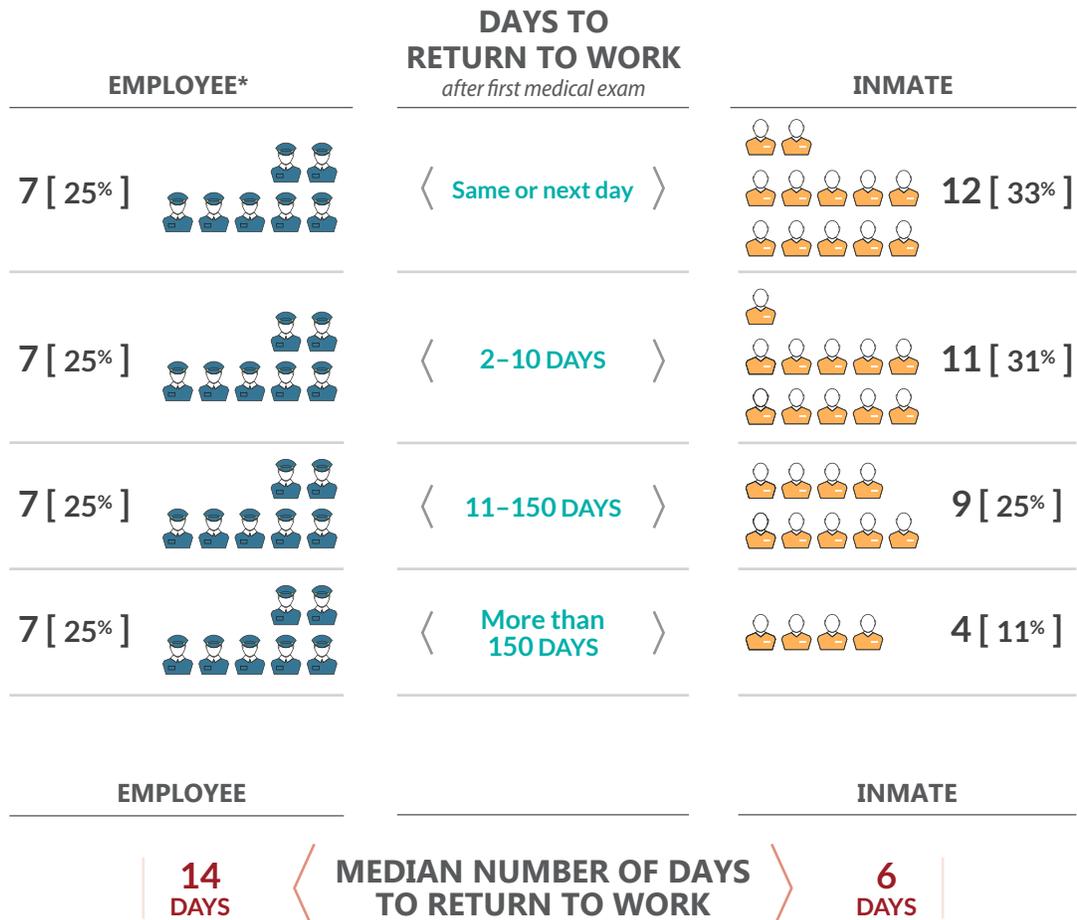
The return-to-work dates for both employees and inmates depend on the treating medical provider's diagnosis and whether the employer can accommodate any prescribed work restrictions.

⁷ For purposes of this report, *accommodation of work restrictions* is not synonymous with the *reasonable accommodation* requirements of the Americans with Disabilities Act.

a temporary job that would accommodate the work restrictions. When an employer is unable to accommodate an injured worker's prescribed work restrictions, the employer places the injured worker off work.

Although many employees and inmates we reviewed returned to work within a week of their first medical visits, for those who did not, the degree to which workers could perform their job duties with the prescribed work restrictions affected how quickly they returned to work. As Figure 4 shows, employees generally took longer to return to work than inmates. A key reason for the difference in return-to-work time was because facilities often determined that the employees could not perform their job duties with the prescribed work restrictions.

Figure 4
Employees Were Generally Off Work Longer Than Inmates Following Work-Related Injuries

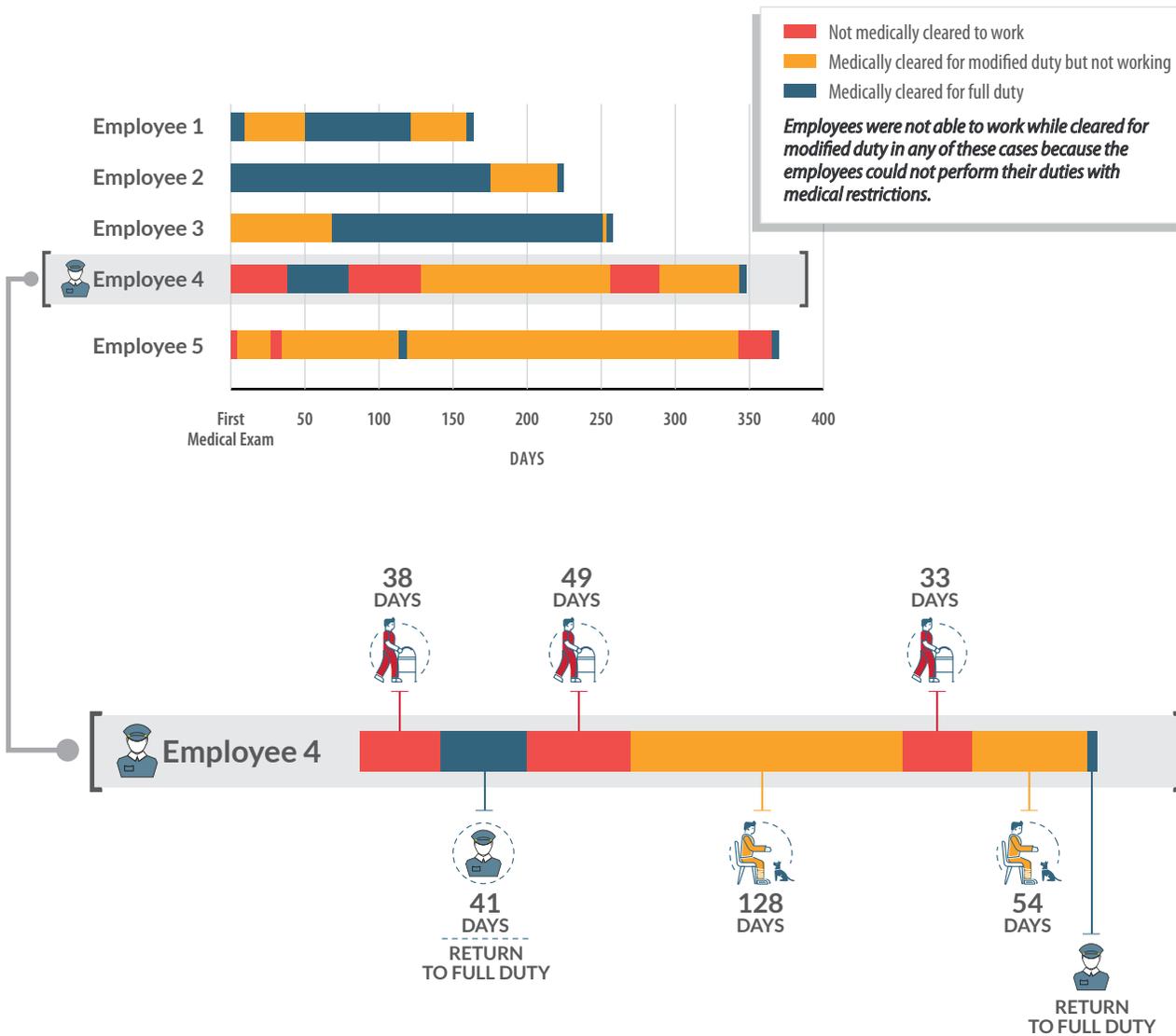


Source: Analysis of 30 employee and 36 inmate workers' compensation claims from January 2015 through June 2018.

* Two of the 30 employees reviewed are excluded because they took disability retirement rather than returning to work.

In addition to the differences in the amounts of time it takes employees and inmates to return to work, in our review of 30 employee injuries, we found that the employees' paths to recovery were sometimes less clear-cut. Although some employees directly recovered from their injuries and returned to their regular duties, Figure 5 shows five employees we reviewed whose work status changed multiple times between full duty, modified duty, and off work during the course of their recoveries, and none of these five employees was able to work while cleared for modified duty because the facilities could not accommodate their work restrictions.

Figure 5
Five Employees Whose Cases Took More Than 150 Days to Resolve Often Shifted Between Full, Modified, and Off Work



Source: Analysis of employee workers' compensation claims.

In one example of an employee whose work status changed multiple times, a medical provider cleared an employee—employee 4 in Figure 5—to return to work after one month of recovery from a work-related injury. One month after the employee returned to work, the provider again placed the employee off work for nearly two months because of ongoing pain, then cleared the employee for four months of modified duty. However, the facility could not accommodate the modified duty work restrictions and so the employee remained off work for these four months. The provider ultimately requested surgery because the employee’s ongoing treatment was not providing sufficient pain relief. After surgery, the provider placed the employee off work for one month before clearing the employee to work on modified duty for an additional two months. However, the employee remained off work for these two months because the employer could not accommodate the modified duty work restrictions.

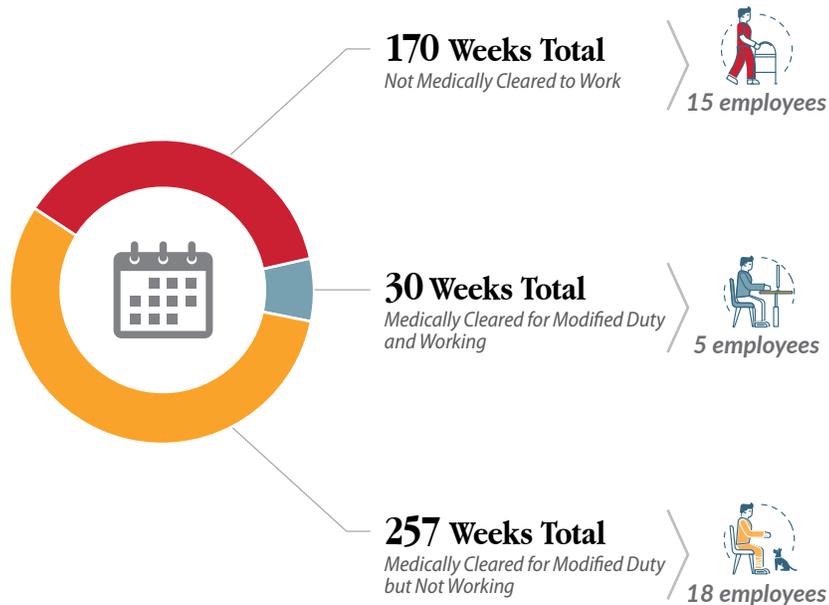
Unlike employees, for the cases we reviewed, inmates’ work status did not change multiple times between off-duty, modified duty, and full duty following work-related injuries; rather, all of the inmates returned to work immediately, were briefly cleared to work on modified duty before returning to full duty, or were medically restricted from working before returning to full duty.

State law and CDCR policy also limit CDCR employees’ opportunities to work on modified duty. Specifically, state law limits the time CDCR’s employees may spend on a light-duty assignment with medical restrictions to no more than 60 days in a six-month period. Further, state law requires that CDCR place these employees in a vacant position within that employee’s bargaining unit or allow such employees to continue working in their current position and temporarily waive some aspects of the job. For example, prison facilities cannot assign an injured correctional officer to work in an administrative services unit or a nursing unit while cleared for modified duty because those positions are under different bargaining unit agreements. Although medical providers often cleared employees in the cases we reviewed to return to work with restrictions following work-related injuries, 18 employees we reviewed spent a total of 257 weeks not working, as Figure 6 shows. Further, as we discuss in the Introduction, CDCR’s policy limits accommodation of work restrictions, specifying that facilities cannot accommodate restrictions that would affect the safety and security of the facility operations. The three facilities we reviewed generally could not accommodate work restrictions that limited correctional officers’ abilities to walk, run, or lift because of the physical nature of ensuring inmate security. When work restrictions did not affect the security of the facility, the employer did accommodate the employees and they returned to work immediately in the cases we reviewed. For example, one facility was able to accommodate a work restriction for

State law limits the time CDCR’s employees may spend on a light-duty assignment with medical restrictions to no more than 60 days in a six-month period.

an administrative employee who was required to take a five-minute break for every 30 minutes of typing, and that employee returned to work immediately.

Figure 6
Although Cleared for Modified Duty, Many Employees Spent Most of This Time Not Working Because Facilities Could Not Accommodate Work Restrictions



Source: Analysis of 30 employee workers' compensation claims.

In contrast, most of the inmates we reviewed returned to work fairly quickly after their work-related injuries. Medical providers cleared 21 of the 36 inmates we reviewed to work within seven days after their first medical appointment, and cleared 12 of these inmates within one day because their injuries did not prevent the inmates from performing their job duties. For example, three inmates who sustained minor contusions, such as a hit to the head while working in the laundry facility or from having equipment fall on them in the kitchen or workshop, returned to work within one day of their first medical appointments. Although four of the 36 inmates we reviewed took more than 300 days to return to work, their time to return to work was not representative of the majority of inmate cases we reviewed. However, Correctional Health's medical providers also restricted inmates' ability to work when the injury would affect their ability to perform their job duties. For example, Correctional Health placed an inmate off work for five days as a result of an injury sustained while operating industrial machinery because he was unable to operate the machinery.

We conducted this audit under the authority vested in the California State Auditor by Government Code 8543 et seq. and according to generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives specified in the Scope and Methodology section of the report. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Respectfully submitted,



ELAINE M. HOWLE, CPA
California State Auditor

Date: July 11, 2019

Appendix

Scope and Methodology

The Joint Legislative Audit Committee (Audit Committee) directed the California State Auditor to compare and contrast the timeliness of medical treatments provided to CDCR employees and inmates following work-related injuries. Specifically, the Audit Committee requested that we review whether changes could be made to the workers’ compensation process to improve the timeliness of medical treatment provided to employees and inmates. The table lists the audit objectives that the Audit Committee approved and the methods we used to address them.

Audit Objectives and the Methods Used to Address Them

AUDIT OBJECTIVE	METHOD
<p>1 Review and evaluate the laws, rules, and regulations significant to the audit objectives.</p>	<p>Identified and reviewed state laws, rules, and regulations for CDCR and SCIF that were applicable to workers’ compensation.</p>
<p>2 Determine CDCR’s policies and procedures for responding to and providing treatment for employee and inmate work-related injuries, including any applicable standards for the timeliness of its response and the provision of treatment.</p>	<ul style="list-style-type: none"> • Obtained and reviewed CDCR’s policies and procedures for responding to and providing treatment following a work-related injury. • Interviewed return-to-work coordinators at three correctional facilities (selected in objective 3) to determine how those facilities implement the workers’ compensation process and adhere to CDCR’s policies. • Reviewed SCIF’s and CalPIA’s procedures for processing workers’ compensation claims.
<p>3 To the extent possible, review data on CDCR’s employee workers’ compensation claims and inmate work-related injuries—including injuries to the lower back, neck, knee, shoulder, hand, wrist, ankle, and eye—to determine the following information:</p> <ol style="list-style-type: none"> a. The number of days between the occurrence of the work-related condition or injury and the date the recommended treatment was provided. b. The number of days between the date a medical treatment recommendation was made and the date the recommended treatment was provided, including the number of days between when a surgical intervention recommendation was made and the date that the surgical intervention was provided. c. The number of days between the first date that the employee or inmate received medical treatment and the date when the employee or inmate was released from care. d. The number of days between the first date that an employee or inmate received medical treatment and the date that the employee or inmate returned to work. 	<ul style="list-style-type: none"> • Obtained a list of accepted employee and inmate work-related claims from SCIF’s Claims Adjusting and Reporting Engine for injuries incurred from January 2015 through June 2018. Judgmentally selected three of the 36 facilities to review (California Men’s Colony, California Rehabilitation Center, and California State Prison, Solano) based on an analysis of the number of work-related claims per facility, number of working inmates, and other factors. • Judgmentally selected 10 employee and 10 inmate accepted work-related claims from each of the three facilities. Selected an additional six accepted work-related claims for inmate employees of CalPIA. Selected claims from January 2015 through June 2018 for work-related injuries including injuries to the lower back, neck, knee, shoulder, hand, wrist, ankle, and eye. • For each of the selected work-related claims, obtained and reviewed claim documentation from SCIF and the three facilities to document the dates and time frames listed in objectives 3a through 3d to determine if the facilities, SCIF, and CalPIA responded to and provided treatment following a work-related injury within time requirements. • Interviewed return-to-work coordinators at the facilities, and SCIF, as well as CalPIA staff to obtain their perspective on issues we identified related to these claims.

continued on next page...

AUDIT OBJECTIVE	METHOD
<p>4 Compare and contrast the timeliness of medical treatment provided to CDCR employees and inmates and determine the reasons for any significant differences. Based on this review, identify any changes that could be made to improve the timeliness of medical treatment provided to CDCR employees and inmates.</p>	<ul style="list-style-type: none"> Analyzed results from our review of case files from objective 3 to determine if any procedural differences affected the frequency and type of care provided to employees and inmates following a work-related injury. Interviewed facility and SCIF staff to obtain their perspectives on factors contributing to the differences in timeliness of providing care to employees and inmates.
<p>5 Review and assess any other issues that are significant to the audit.</p>	<p>We did not identify any additional issues that are significant to the audit.</p>

Source: Analysis of Audit Committee's audit request number 2018-128 and information and documentation identified in the column titled Method.

Assessment of Data Reliability

In performing this audit, we relied on electronic data obtained from SCIF'S Claims Adjusting and Reporting Engine database. We also relied on electronic reports of inmate claims from two facilities we reviewed—California Men's Colony and California Rehabilitation Center—to narrow our selection of inmate claims for testing. The U.S. Government Accountability Office, whose standards we are statutorily required to follow, requires us to assess the sufficiency and appropriateness of computer-processed information that we use to support our findings, conclusions, and recommendations. To evaluate these data, we performed data-set verification procedures and electronic testing of the key data elements and found the data used are sufficiently reliable for the purposes of selecting employee and inmate workers' compensation claims for testing and to determine the total number of workers' compensation claims for CDCR employees and inmates. Since we used the data only to select claims for testing, we needed to gain assurance that the population was complete. We verified completeness by obtaining haphazardly selected claim forms from each of the three facilities we reviewed and ensuring each claim could be found in the data we used to make our selection of cases for testing. We found the data used to make our testing selection were sufficiently complete. Additionally, we relied on data from CDCR's COMPSTAT system to provide background information on the number of employees and inmates. However, because these data were used primarily for background or contextual information that does not materially affect findings, conclusions, or recommendations, we determined that a data reliability assessment was not necessary for this system.