

CHAPTER 2
CASE MANAGEMENT
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CHAPTER 2

CASE MANAGEMENT

1. COMMANDER RESPONSIBILITIES.

- a. Involvement. Commanders shall be personally and actively involved in all aspects of injury and illness case management.
- b. Compliance. Commanders shall ensure compliance with injury, illness, and hazardous exposure reporting and routing procedures.
- c. Review Process. Commanders shall ensure that a comprehensive review of injury, illness, or hazardous exposure cases is conducted. Information relevant to the extent of the injury, illness, or exposure and its causes, including prior injuries, illnesses, or exposures, shall be documented. Information which may impact the Department's liability for benefits shall be provided to State Compensation Insurance Fund (SCIF) in a timely manner. Until the review has been completed, SCIF may be requested to withhold a case decision. The review process shall **not** be cause for delay in complying with injury, illness, and hazardous exposure reporting and routing procedures.
- d. Questionable Injury or Illness Claims. Commanders shall ensure injury and illness claims are not deemed questionable simply because they are not witnessed or are a result of cumulative trauma. If, based on the facts and information obtained during preparation of an employee's CHP 121, Employer's Report of Occupational Injury or Illness, there is reason to question whether the injury or illness is work related, the claim should be deemed questionable pending SCIF's decision of acceptance or denial of the claim. Reasons for questioning a claim shall be documented in detail on the employee's CHP 121. Any additional supporting documentation shall be attached to the CHP 121.
- e. Determination of Preventability.
 - (1) Commander's Determination. Commanders shall determine preventability of injuries, illnesses, and hazardous exposures and shall implement appropriate corrective measures.
 - (2) Employee Notification When Incident Deemed Preventable. Commanders or their designees shall personally meet with employees to review the reasons their injuries, illnesses, or hazardous exposures were deemed preventable.
 - (3) Employee Appeal. An employee may appeal the determination of preventability to their command's occupational safety committee. Committee

members may not change a determination of preventability; however, they may request the commander consider various factors when reviewing the incident. If, after an appeal to their command's occupational safety committee, the employee disagrees with the determination of preventability, the employee may further appeal the determination by following the complaint procedure outlined in Highway Patrol Manual 9.1, Employee Relations Manual.

f. Medical Care. Commanders shall ensure employees receive prompt and proper medical care if such care is believed necessary by either management or the employee.

g. Preventive Medicine or Postexposure Testing. Commanders shall authorize medical expenses if preventive medicine or postexposure testing is conducted relative to an occupational hazardous exposure incident which **did not** result in an employee injury or illness. Medical bills received by the command shall be **expeditiously** forwarded directly to Fiscal Management Section.

h. Commander's Memorandum to Employee. Commanders shall prepare personalized memorandums which clearly express their desire to assist employees with their injury or illness case.

i. Attachment to Commander's Memorandum. Commanders shall prepare attachments to their personalized memorandums, which outline departmental policy regarding occupational injury and illness case management and employee rights and responsibilities.

j. Employee Review of Commander's Memorandum and Attachment. A commander or their designee shall review both their personalized memorandum and attachment with the employee. The employee shall be provided the original commander's memorandum and a copy of the attachment.

k. Restriction on Use of Peace Officer Powers. Commanders shall direct uniformed employees who are off duty, as a result of an industrial or nonindustrial injury or illness where a physician has diagnosed that the employee is not capable of performing the 14 critical physical activities (referred to as the CHP 225, California Highway Patrol Officer 14 Critical Physical Activities), they should avoid engaging in any activity requiring the use of peace officer powers.

l. Removal of Peace Officer Powers. Commanders shall revoke a uniformed peace officer's powers and secure all state-issued firearms whenever the uniformed employee is off duty as a result of a psychological reason, to include stress. In those instances where commanders identify extenuating circumstances, the commander may provide justification, through channels to the Office of the Commissioner, requesting a waiver.

m. Maintaining Contact with Employees and Medical Care Providers.

Commanders shall maintain contact with employees who are off duty as a result of occupational injuries or illnesses. Commanders shall also maintain ongoing communication, as appropriate, with the employee's medical care providers and arrange a return to full or limited duty as soon as medically appropriate. The frequency of the contacts shall be directed by the needs of the command and the nature of the injury or illness, on a case-by-case basis.

n. Maintaining Contact with Employees Pending Retirement. Commanders shall maintain an open line of communication with employees who are off duty pending retirement as a result of an injury or illness. The frequency of the contacts shall be directed by the needs of the command and the employee, on a case-by-case basis.

o. Lack of Medical Rehabilitation Efforts by Employee. Commanders shall notify Division if it appears an employee is not making a good faith effort toward prescribed medical rehabilitation. In addition to notification, the commander should provide recommendations relevant to potential departmental actions. The commander may consult with the Injury Case Management Section (ICMS), regarding a possible course of action to assist in formulating the recommendations. In addition, if an employee believes the medical care is ineffective, the employee or the commander may consult with SCIF.

p. Indicators of Fraud and/or Abuse. Commanders shall guard against the fraudulent use or abuse of the workers' compensation system. Although the vast majority of injury and illness claims are legitimate, some are inflated or fraudulent. Indicators of fraud should help isolate those claims meriting closer scrutiny. No one indicator in itself is necessarily suspicious. Even the presence of several indicators, while suggestive of possible fraud, does not mean that fraud has been committed. Indicators should be considered "red flags" only and not actual evidence that fraud exists. Commanders shall notify the Internal Affairs Section, through their chain of command, if fraud is suspected.

q. Secondary-Employment Requests.

(1) Medical Care Provider's Authorization. Commanders will require written authorization from the employee's medical care providers indicating their secondary-employment will not affect their ability to recover in those cases where employees are on sick leave, assigned to limited duty, or placed off duty due to medical conditions.

(2) Suspension of Secondary-Employment Requests. Commanders may temporarily suspend an employee's secondary-employment request if the employee's medical care providers' written responses indicate the secondary employment may impede the employee's ability to recover. Commanders

should review the duties involved in the secondary employment and may discuss the duties with the employee and medical care providers prior to rendering a decision to suspend a secondary employment request. If the employee's related injuries or illnesses are deemed occupational, a commander may also contact the ICMS and SCIF for input and assistance in rendering their suspension decision. Additionally, SCIF should be advised of an employee's secondary employment, as any secondary employment income may be used to offset disability benefits paid by SCIF.

(3) Reinstatement of Secondary Employment Requests. Commanders shall reinstate suspended secondary employment requests upon receipt of written authorization from an employee's medical care providers indicating the secondary employment will not impede the employee's ability to recover.

(4) Employee Notification. Employees shall notify their supervisors if their secondary employment is affecting their ability to recover and immediately discontinue such employment.

r. Communication with State Compensation Insurance Fund. Commanders or their designees shall initiate and maintain ongoing communication with the SCIF claims adjuster to cooperatively manage injury and illness cases. SCIF claims adjusters are responsible for managing all aspects of the claim's adjustment process. If a commander is having difficulty with a claims adjuster, it is recommended that they immediately contact ICMS for assistance with resolution. Staff in ICMS may direct the commander to the appropriate SCIF manager to discuss their concerns.

(1) Commanders or their designees shall contact SCIF at least monthly to review the status of those cases in which employees have been placed off duty or on limited duty.

(2) Commanders or their designees shall contact SCIF to discuss cases that are scheduled for Workers' Compensation Appeals Board trials and hearings. A supervisor/manager from the employee's command who has knowledge about the case shall attend trials and may attend hearings. Commanders shall ensure witnesses and departmental representatives are notified when their attendance is required. Commanders may request an ICMS representative attend a trial or hearing if a significant issue has been identified (refer to Chapter 11, Workers' Compensation Appeals Board, of this manual).

(3) Commanders or their designees shall maintain ongoing communication with SCIF to discuss cases that appear on the open claims report. This report is available to all commands via DashBoard Reporting. Commanders shall utilize this report to track the status of injury cases involving their employees

and to ensure SCIF adjusters are actively working toward closing cases when appropriate. Commanders should compare current reports with prior reports to determine SCIF progress in closing claims. Issues arising from lack of SCIF activity or cooperation in closing cases when indicated should be reported to ICMS.

(4) Commanders shall report their injury case management activity to Division on a quarterly basis. Reports should document the command's activities in working with SCIF to close injury cases when indicated. Divisions shall review activity compliance with this policy.

s. Employee Tracking System (CHP 120, Off Full Duty Status Report).

(1) Commanders shall maintain a CHP 120, Off Full Duty Status Report, of all employees who are assigned limited duty or are off duty as a result of an occupational injury or illness. The purpose of the CHP 120 is to provide a readily accessible means of identifying those employees and providing status updates. The CHP 120 shall not be posted for general viewing.

(2) Commanders shall submit a monthly CHP 120 to their respective Divisions by the 10th of each month. The report submitted to Division may contain information on employees who are assigned to limited duty or are off duty for less than 30 calendar days; however, it **shall** contain information on employees who are assigned to limited duty, are off duty for 30 calendar days, or more as a result of an injury or illness. Negative reports are required.

t. Required Notification. Commanders shall provide duty/disability status via MIS-Web to the appropriate Assistant Commissioner, Division commander, ICMS, and Human Resources Section of any employee who is off duty or on limited duty as a result of an occupational injury or illness. This information shall be reported immediately on the first day the command has knowledge of any absence. Subsequent reporting of the employee's absences shall be documented on the CHP 120. The MIS-Web message shall include the following information:

- (1) Contact name and phone number.
- (2) Employee name and identification number.
- (3) Type of injury.
- (4) Date of injury.
- (5) Prior duty status and new duty status.
- (6) Effective date.

- (7) Estimated period of new duty status.
- (8) Physicians' names and phone numbers (if available).
- (9) Additional pertinent information.

u. Division Composite of CHP 120, Off Full Duty Status Report. Divisions shall submit a composite CHP 120 of employees who are assigned to limited duty or are off duty as a result of an occupational injury or illness for 30 calendar days or more to the appropriate Assistant Commissioner no later than the 15th of each month. The Assistant Commissioner will forward the CHP 120s to ICMS.

2. SUPERVISOR RESPONSIBILITIES.

- a. Involvement. Supervisors shall be personally and actively involved in injury and illness case management.
- b. Compliance. Supervisors shall ensure compliance with injury, illness, and hazardous exposure reporting and routing procedures.
- c. Review by Supervisor. Supervisors shall conduct a comprehensive review of facts surrounding injury, illness, or hazardous exposure incidents. If the supervisor becomes aware of a video or audio recording of the incident, a copy of the recording(s) shall be made. Information relevant to the extent of the injury, illness, or exposure and its causes, including prior injuries, illnesses, or hazardous exposures, shall be documented. The review process shall **not** be cause for delay in complying with injury, illness, and hazardous exposure reporting and routing procedures.
- d. Employee Assistance. Supervisors shall assist employees in receiving prompt and proper medical care if such care is believed necessary by either management or the employee.
- e. Medical Appointments. Supervisors, if practical, shall accompany employees to their initial medical appointments and discuss work capability with the employee's medical care providers. **In no event shall supervisors attempt to be present when employees are being examined by medical care providers.** The possibility of assignment to limited duty when medically appropriate shall be reviewed with medical care providers and an estimated date of return to duty obtained. Supervisors and managers shall cooperatively provide assistance to other commands when a medical appointment of an employee not assigned to their command is located within their geographical areas. Requests for such assistance shall be limited to those instances where the distance from the employee's area of

assignment to the location of the medical appointment would make the attendance of a supervisor from the employee's command impractical.

f. Lack of Medical Rehabilitation Efforts by Employee. Supervisors shall notify the commander if it appears that an employee is not making a good-faith effort toward prescribed medical rehabilitation.

3. EMPLOYEE RESPONSIBILITIES.

a. Compliance. Employees shall comply with injury, illness, and hazardous exposure reporting procedures.

b. Reporting. Employees shall report injuries, illnesses, or hazardous exposures, or recurrences or aggravations of any injuries or illnesses, to their supervisors as soon as possible. Supervisory notification shall be made prior to seeking medical treatment unless extenuating circumstances exist, such as the need for immediate emergency medical care.

c. Medical Care Provider Notification of Occupational Injury or Illness. Employees shall advise medical care providers if an injury or illness is believed to be occupational. Employees shall also provide their physician with a CHP 443, Limited Duty Assignment - Physician's Report.

d. Assignment. Employees who are off duty as a result of occupational injuries and illnesses shall be assigned to their residence with an assigned work shift of 0800 hours to 1700 hours, Monday through Friday. **This does not restrict employees to their residence during this period.** Employees are able to perform normal life activities, as allowed, under the current medical restrictions.

e. Status Change Notification. Employees shall immediately notify their supervisors of status changes of their injuries, illnesses, or hazardous exposures.

f. Prescription Medication Usage. Employees shall report to their commander the use of prescription medication which might be reasonably expected to adversely affect their job performance.

g. Restriction on Use of Peace Officer Powers. Uniformed employees who are off duty, as a result of an industrial or nonindustrial injury or illness where a physician has diagnosed that the employee is not capable of performing the California Highway Patrol Officer 14 critical physical activities, shall not engage in any activity requiring the use of peace officer powers.

h. Communication with Commanders. Employees who are off duty as a result of occupational injuries or illnesses shall maintain ongoing communication as deemed

appropriate by their commanders and shall inform their commanders of where and how they may be contacted. Appropriate notification shall be made to their commander and/or supervisor when requesting use of leave credits, completing time and activity documents, attending state-provided medical appointments, and ongoing update of their medical status.

i. Return to Work. Employees shall return to full or limited duty as soon as medically appropriate.

j. Reinstatement of Secondary-Employment Requests. Employees shall obtain written authorization from their medical care providers indicating their secondary-employment will not affect their ability to recover in order to reinstate a suspended secondary-employment request.

k. Completed Attendance Reports. Employees shall ensure submission of their completed attendance reports claiming industrial injury benefits to their commands in accordance with policy and in no case later than the first working day following the end of each pay period. Failure to submit reports in a timely manner may result in delayed benefits.