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Physical Medicine & Rehabilitation  
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Marie Rogers

Worker's Compensation Division Department of Consumer Business Services

RE: Regarding MCOs

Consider what was the mission statement when Worker's Compensation was set up. It was my understanding that it was to provide good medical care to the worker in a cost-effective manner and protect the Oregon businesses from excessive lawsuits.

When I started practicing in Oregon, any willing provider could provide worker's compensation treatment. Then it switched to needing to be included on an insurance panel and then managed care was added.

The issue has been growing abuses and progressively more middlemen to minimize abuses. Managed care started to become part of the problem rather than a solution.

This makes it harder for good physicians to do the right thing. It does not change my care, but causes more barriers to getting approval for treatment, MRI scans and significantly increased time that it takes for a worker to get treatment.

There is a paucity of medical providers in Oregon to treat medically under any payment plan. There are simply not enough physician providers. The MCOs count on how busy we are hoping that we will give up asking with the endless barrage of requests with pressure to conform to decreasing treatment and cost.

Managed care does not help my practice. I get referrals as I am on their panel, but it does not expedite care. They do not help me find specialty providers but delay approval and it does not seem to manage the provider list by limiting over utilizing by providers. When a specific specialty is needed the panels are often too small. The MCO claims the physician can complete a request including case studies to get temporary privileges to allow the surgeons, etc. to see the patient, but these clinics already have busy schedules and it's an insult to ask them to get additional approvals. They have already been vetted with hospital

privileges. There is a waiting list for their treatment again because there are too few providers in Oregon. More midlevel providers are not solving this problem.

Who does manage care help? Is it only the insurers bottom line?

In addition to my physical medicine and rehabilitation practice, I do independent medical exams for Worker's Compensation claims. I have noted that after reviewing the extensive records of other providers, there is a profound lack of consistency between what managed care approves for one clinic to another. Some of this is affected geographically, but not entirely; an example would be that I see a patient for a lumbar strain and ask for perhaps 8 visits of physical therapy and they get approved, then I receive a letter from managed care that takes a lot of my time and energy to explain why I can't do it in four visits and sometimes they have even ask me to withdraw even though it has been approved. I'm asked to cut back the number and provide data including objective findings for my opinion. When I review many records from other providers, I have frequently seen 40 or more visits approved fro the same condition with profound ineffective over treatment. It doesn't seem to be curtailed by managed care. It gives the impression that those of us who try to work as a team with the insurer are pressured and penalized while rampant misuse doesn't get checked.

Majoris managed claims much better when they had the competition of Caremark. All business do better when they have competition. Several insurers are now enrolling patients quickly, and almost entirely it seems into Majoris, and this causes the situation we find ourselves in.

Hopefully, this will be beneficial to real change.

Respectfully,



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