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June 18, 2026

RE: Written Comments  
June 9, 2026 WCD Advisory Committee

Thank you for the continued commitment to dialogue and thoughtful review of Oregon's workers' compensation rules, particularly regarding MCO involvement in discussions of work releases and impairment ratings, as presented at the June 9, 2026 Advisory meeting.

The perspectives shared by OTLA and members of the medical community at that meeting are important and have been heard. There is likely broad agreement across all stakeholders that improved communication and education are critical to the effectiveness of our system. At the core, we share a common objective: to support injured workers in returning to a level of function as close to "normal" as possible following a work-related injury.

Having worked directly in the processing of Oregon workers' compensation claims since December 1999, I would also emphasize a perspective that is often underrepresented in these discussions: that of the claims examiner. This operational viewpoint is essential to understanding how rules function in practice and how they impact claim resolution and worker outcomes.

Oregon remains one of the few jurisdictions that significantly limits external review or input regarding medical treatment. In contrast, even states with similar philosophies regarding medical direction typically allow for utilization review (UR) of treatment plans. From a claims processing standpoint, the absence of meaningful mechanisms to question or clarify treatment can create significant challenges. Examples include prolonged physical therapy well beyond typical post-operative guidelines, extended chiropractic care without documented objective improvement, or ongoing full off-work status without clear rationale or progression toward modified duties.

In these situations, claims processors have limited ability to engage constructively with treating providers. We cannot independently question treatment plans or facilitate discussions regarding recovery expectations or alternative approaches. As a result, MCO involvement often becomes the only available avenue for obtaining clarification, promoting appropriate care coordination, and assisting in claim resolution; and even then, only if the employer has an active MCO contract.

With respect to the proposal to limit MCO discussions regarding work status and impairment findings, such a restriction would create significant inefficiencies and unintended consequences. Work capacity and impairment are not isolated considerations; they are inherently tied to treatment, recovery progress, and compensability determinations. Separating these discussions from broader treatment planning would hinder effective communication and delay appropriate outcomes.

In more complex claims, for example, where preexisting conditions exist alongside a compensable injury, it is necessary to clearly distinguish which limitations and treatment needs are directly

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attributable to the accepted condition. Whether facilitated by an MCO or the claims examiner, this requires open and informed communication with the attending physician regarding compensability, work restrictions, and functional capacity. The same principle applies to impairment evaluation and final rating: these cannot be meaningfully addressed in isolation.

Concerns have been raised regarding the current MCO complaint process, including its complexity and perceived lack of effectiveness. These concerns appear to be a significant driver of the present discussion. Rather than limiting the role of MCOs in clinical communication, a more constructive approach would be to improve transparency, streamline the complaint process, and establish clearer accountability measures. This could include additional stakeholder roundtables and the development of a more direct pathway for addressing concerns, as well as appropriate penalties applied at the MCO level when standards are not met.

It is important to preserve the existing mechanisms that allow for meaningful dialogue between claims professionals, MCOs, and medical providers. Removing or restricting this pathway would leave claims processors without viable tools to address treatment concerns or facilitate appropriate care coordination.

Finally, while the concerns raised by OTLA are valid, they represent a relatively small subset of claims within the broader system. The majority of Oregon workers' compensation claims are processed efficiently and without legal involvement, due in large part to effective communication and coordination, including MCO participation where available. In non-MCO claims, claims processors are often prohibited from providing even basic guidance to injured workers, which can be both limiting and frustrating when individuals are seeking assistance navigating their care.

For these reasons, we urge careful consideration before implementing changes that would reduce MCO engagement in work status and impairment discussions. Strengthening communication pathways and accountability measures will better serve all stakeholders: most importantly, injured workers.

Sincerely,

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The logo for Sedgwick, featuring the word "sedgwick" in a lowercase, sans-serif font, followed by a small green square icon with a white crosshair.