

Legal Research Report: California Workers' Compensation Mandatory Settlement Conference (MSC) Process, Considerations, and Post-Conference Remedies

(PART-A INJURED WORKERS ANALYSIS)

March 1, 2026

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CALIFORNIA WORKERS' COMPENSATION: MANDATORY SETTLEMENT CONFERENCE (MSC) PROCESS, YOUR OPTIONS, AND WHAT TO DO AFTER

This report explains the Mandatory Settlement Conference (MSC) process in California workers' compensation cases. An MSC is a required meeting where you, the insurance company, and a workers' compensation judge come together to try to settle your case before going to trial. This report covers how MSCs work, how to prepare, what settlement choices you have, and what you can do if things do not go your way.

Part 1: What Is a Mandatory Settlement Conference and What Law Controls It?

This section explains the laws and rules that create and govern the MSC process.

The Main Law: Labor Code § 5502

The Mandatory Settlement Conference gets its authority from Cal. Lab. Code § 5502 (<https://law.justia.com/codes/california/code-labor/division-4/part-4/chapter-1/section-5502/>). This law sets up a structured process for resolving workers' compensation disputes through negotiation before a judge decides the case at trial.

Under Cal. Lab. Code § 5502(d)(1) (<https://law.justia.com/codes/california/code-labor/division-4/part-4/chapter-1/section-5502/>), the MSC must happen no less than 10 days and no more than 30 days after someone files a Declaration of Readiness to Proceed (a form that says the case is ready for a hearing). At the MSC, the workers' compensation judge can review settlement agreements, check that lien claims (debts from medical providers) are addressed, and approve settlements or issue awards.

The Discovery Closure Rule

One of the most important rules is the discovery closure rule found in Cal. Lab. Code § 5502(d)(3) (<https://law.justia.com/codes/california/code-labor/division-4/part-4/chapter-1/section-5502/>). Discovery means the process of gathering evidence — medical reports, wage records, and other documents — to support your case.

This rule says: discovery closes on the date of the MSC. Any evidence not listed on the Pre-Trial Conference Statement (a document listing all exhibits and issues) cannot be used at trial unless the party proves the evidence was not available earlier and could not have been found with reasonable effort.

Important: This rule exists for two reasons: (1) to prevent surprise evidence at trial, and (2) to make sure the MSC leads to either a settlement or a clear outline of what will be argued at trial.

Continuances Are Not Favored

Under Cal. Lab. Code § 5502.5 (<https://law.justia.com/codes/california/code-labor/division-4/part-4/chapter-1/section-5502/>) and 8 Cal. Code Regs. § 10744 (<https://www.dir.ca.gov/t8/10744.html>), a continuance (postponement) of the MSC is not easily granted. You must show good cause — a clear and specific reason — why the hearing should be delayed. The judge must write down the reason for any continuance in the official record.

Regulatory Details: 8 CCR § 10759

Title 8, California Code of Regulations § 10759 (<https://www.dir.ca.gov/t8/10759.html>) provides detailed rules for how MSCs must be conducted. The parties must meet and discuss the case before the MSC. If they cannot reach a settlement, they must complete a joint Pre-Trial Conference Statement (PTCS) listing all issues, agreements, witnesses, and exhibits. Each exhibit must be clearly identified by author, date, and type.

Key Case Law You Should Know

Two court decisions define how the discovery closure rule works in practice:

- San Bernardino Community Hospital v. WCAB (McKernan), 74 Cal. App. 4th 928 (4th Dist. 1999) (https://scholar.google.com/scholar_case?case=2127813662921600000) established that judges cannot ignore the discovery rules in Cal. Lab. Code § 5502 (<https://law.justia.com/codes/california/code-labor/division-4/part-4/chapter-1/section-5502/>). Violations are not excused by harmless error analysis (a legal test that asks whether the mistake actually changed the outcome).
- DPR Construction v. WCAB (McClanahan), 111 Cal. App. 5th 1136 (3d Dist. 2025) (<https://law.justia.com/cases/california/court-of-appeal/2025/c102117.html>) reaffirmed this rule with even stronger language. In this case, two medical reports that were not listed on the Pre-Trial Conference Statement were admitted at trial. The court threw out the award, holding that violations of the discovery closure rule can never be treated as harmless error.

Critical: If evidence is not listed on your Pre-Trial Conference Statement before or at the MSC, it may be permanently excluded from your case — no matter how important it is.

Part 2: Recent Legal Developments (2025–2026)

This section covers recent changes in procedures and case law that affect how MSCs work today.

Video Hearings via CourtCall

As of March 3, 2025, the Division of Workers' Compensation moved all MSCs, status conferences, priority conferences, and lien conferences from telephone lines to the CourtCall Video Platform (<https://www.dir.ca.gov/dwc/Court-Call.html>). Trials and expedited hearings still happen in person. CourtCall works in a web browser — you do not need to download special software. You need a device with internet access, a webcam, and a microphone or speaker.

Note: Each judge has a virtual courtroom on CourtCall. Access information is posted on the DWC website (<https://www.dir.ca.gov/dwc/>) and included on hearing notices.

Utilization Review Regulation Updates

California updated its utilization review (UR) regulations effective April 1, 2026, under 8 Cal. Code Regs. §§ 9767.6, 9781, 9785, 9785.6, 9786, and 9792.6 et seq. (<https://www.enlyte.com/insights/news-release/utilization-management/california-utilization-review-regulation-updates-effective-2026>) Utilization review is the process insurance companies use to decide whether your medical treatment is necessary. The updates simplify some procedures but also add new requirements for organizations that review your medical care.

Important WCAB En Banc Decisions in 2025

The Workers' Compensation Appeals Board (WCAB) issued three significant en banc decisions (rulings that bind all workers' compensation judges) in 2025:

- Jillian DiFusco v. Hands On Spa, 2025-EB-03 (WCAB Oct. 13, 2025) (https://www.dir.ca.gov/wcab/wcab_enbanc.htm): Only the Appeals Board can create rules for workers' compensation proceedings. All parties, representatives, and insurance companies must be fully identified in filings.
- Tyson Perez v. Chicago Dogs, 2025-EB-02 (WCAB Aug. 14, 2025) (https://www.dir.ca.gov/wcab/wcab_enbanc.htm): A witness who cannot appear in person can testify electronically (by video) if the request is made on the record at the start of the hearing and good cause is shown.
- Abel Vasquez v. Inocencio Renteria, 2025-EB-01 (WCAB May 19, 2025) (https://www.dir.ca.gov/wcab/wcab_enbanc.htm): Only the Appeals Board has authority to decide whether a replacement QME panel (a panel of independent medical evaluators) is valid.

Settlement Adequacy Standards

Under Cal. Lab. Code § 5003 (<https://law.justia.com/codes/california/code-labor/division-4/part-2/chapter-5/article-3/section-5003/>), every settlement agreement must be in writing and include the date of accident, your average weekly wages, the nature of your disability, the amount already paid, and the payments to be made. A settlement for less than the full amount owed will only be approved if there is reasonable doubt about the rights of the parties or if approval serves the interests of everyone involved.

Part 3: How the MSC Process Works Step by Step

This section walks you through the MSC process from start to finish.

Step 1: Filing the Declaration of Readiness to Proceed

The MSC process starts when someone files a Declaration of Readiness to Proceed (DOR) (https://www.dir.ca.gov/dwc/forms/EAMS%20Forms/ADJ/DWCCAFForm10250_1.pdf). This form tells the WCAB that the case is ready for a hearing. You (the injured worker), the employer or insurance company, or a lien claimant can file a DOR.

The person filing the DOR must state under penalty of perjury (meaning it is a legal promise) that:

- They are ready to proceed on the listed issues
- They made genuine efforts to resolve the dispute before filing
- Discovery is complete on the issues listed
- All medical reports have been filed and served on the other side

Step 2: Objections to the DOR

Under 8 Cal. Code Regs. § 10744 (<https://www.dir.ca.gov/t8/10744.html>), any party that disagrees with the DOR must file an objection within 10 calendar days of being served. The objection must explain specifically why the case is not ready. If you receive a DOR and do not object within 10 days, you lose the right to object later, except in extraordinary circumstances.

Important: Filing a false DOR or false objection can lead to contempt proceedings under Cal. Lab. Code § 134 (<https://law.justia.com/codes/california/code-labor/division-4/part-4/chapter-1/section-5502/>) or sanctions under Cal. Lab. Code § 5813 (<https://law.justia.com/codes/california/code-labor/division-4/part-4/chapter-1/section-5502/>).

Step 3: The Pre-Trial Conference Statement (PTCS)

The Pre-Trial Conference Statement (WCAB Form 24 (<https://www.dir.ca.gov/dwc/forms/WCABForm24.pdf>)) is the document that frames your entire case for trial if settlement fails. It must be completed by the close of the MSC and must list:

- All disputed issues
- All agreed-upon facts (stipulations)
- All witnesses each side intends to call
- All exhibits, identified by author, date, and type

Under 8 Cal. Code Regs. § 10759(c) (<https://www.dir.ca.gov/t8/10759.html>), exhibits must follow specific identification rules:

- Medical reports: identified by author, date of treatment, and page numbers
- Personnel and wage records: identified by title, dates covered, and authors
- Explanation of Benefits letters: may be listed as a single exhibit

Step 4: Who Must Attend the MSC

Under 8 Cal. Code Regs. § 10752 (<https://www.sullivanoncomp.com/blog/topic/mandatory-settlement-conference>), each party must have someone available with settlement authority (the power to agree to a deal) at the MSC. The injured worker must be present or available by phone. If you do not have a lawyer, you must be present in person unless excused. Claims adjusters and lien claimants must also be present or available by phone. If any benefit has been paid, the insurance company must have a current printout of all benefits paid available for inspection.

Step 5: What Happens at the MSC

At the conference, the workers' compensation judge will:

1. Review where the case stands
2. Discuss disputed issues with both sides
3. Encourage settlement negotiations
4. Review any proposed settlement agreements

5. If no settlement is reached, finalize the PTCS and set the case for trial

Part 4: How to Prepare for Your MSC

This section explains what you and your attorney should do before the MSC to put your case in the strongest position.

Build Strong Medical Evidence

The strength of your case depends heavily on your medical evidence. You should make sure your primary treating physician (PTP) — the main doctor treating your injury — has written reports that clearly explain:

- What your injury is
- How the injury happened at work
- What treatment you need
- What work restrictions you have
- Your permanent disability rating (a number that measures how much your injury limits you permanently)

If a Qualified Medical Evaluator (QME) or Agreed Medical Evaluator (AME) report is needed, make sure the report complies with Cal. Lab. Code § 4628 (<https://law.justia.com/codes/california/code-labor/division-4/part-4/chapter-1/section-5502/>) and addresses all disputed medical issues. A QME is an independent doctor chosen from a state panel; an AME is a doctor both sides agree to use.

Gather Wage and Employment Documents

Your average weekly wages (AWE) determine how much you receive in benefits. Collect the following documents:

- Pay stubs covering the 13 weeks before your injury
- Tax returns (if self-employed)
- Employment contracts
- Any evidence of your typical earning pattern

Know Your Vocational Benefits

For injuries on or after January 1, 2013, you may be eligible for a Supplemental Job Displacement Benefit (SJDB) — a voucher you can use for retraining or education. The amount depends on your permanent disability rating, according to the DWC SJDB FAQ (https://www.dir.ca.gov/dwc/sjdb/sjdb_faq.html):

Permanent Disability Rating	SJDB Voucher Amount
Less than 15%	Up to \$4,000
15%–25%	Up to \$6,000
26%–49%	Up to \$8,000
50%–99%	Up to \$10,000

Important: If your employer offers you modified or alternative work within 60 days and you refuse it, you may lose your right to the SJDB voucher. Review any job offer carefully with your attorney before accepting or rejecting it.

Prepare Settlement Documents Early

Even if you are not sure the case will settle, prepare draft settlement documents before the MSC. This includes Compromise and Release agreements and Stipulations with Request for Award forms. Having these ready saves time and shows the judge you are prepared.

Part 5: The Discovery Closure Rule — Why It Matters So Much

This section explains the discovery cutoff and the recent court decision that made it even more important.

What the Rule Says

Under Cal. Lab. Code § 5502(d)(3) (<https://law.justia.com/codes/california/code-labor/division-4/part-4/chapter-1/section-5502/>), discovery closes on the date of the MSC. Evidence not listed on the Pre-Trial Conference Statement cannot be used at trial unless you prove the evidence was not available before the MSC and could not have been found with reasonable effort. The party trying to introduce the evidence has the burden of proving this.

The DPR Construction Decision: No Harmless Error

DPR Construction v. WCAB (McClanahan), 111 Cal. App. 5th 1136 (3d Dist. 2025) (<https://law.justia.com/cases/california/court-of-appeal/2025/c102117.html>) is the most important recent decision on this rule. In this case, two medical reports by Dr. Hanley were admitted at trial even though they were not listed on the Pre-Trial Conference Statement. These reports were available before the MSC.

The WCAB argued that admitting them was "harmless error" because the judge's decision also relied on other evidence. The Court of Appeal rejected this argument, holding that:

- Violations of the discovery closure rule are never subject to harmless error analysis
- An opposing party often cannot show exactly how undisclosed evidence hurt them
- Allowing a "harmless error" excuse would make the discovery closure rule meaningless
- The award must be thrown out and the case sent back for a new decision without the improperly admitted evidence

Critical: If you forget to list a document on your Pre-Trial Conference Statement, it may be excluded permanently. If the other side introduces unlisted evidence, object on the record and cite Cal. Lab. Code § 5502(d)(3).

How to Protect Yourself

Follow these steps to comply with the discovery closure rule:

1. Review all medical reports, wage records, and other documents weeks before the MSC
2. List every exhibit you plan to use on the Pre-Trial Conference Statement with full details (author, date, type)
3. Serve copies of all exhibits on the other side before the MSC
4. After the PTCS is finalized, confirm in writing that no additional documents have been received
5. If new documents arrive after the MSC, immediately contact the other side to discuss whether they can be added by agreement

Part 6: Your Settlement Options Explained

This section explains the two main types of settlement in workers' compensation and the advantages and disadvantages of each.

Option 1: Compromise and Release (C&R)

A Compromise and Release (C&R) is a full and final settlement. You receive a one-time lump sum payment, and in return, you give up all future rights to benefits for this injury (except vocational rehabilitation in some cases).

Advantages for you:

- You get a lump sum of money immediately
- You can use the money however you choose — for medical care, bills, or anything else
- You can pick your own doctors instead of using the insurance company's network
- Your case is completely closed

Disadvantages for you:

- You cannot reopen your case if your condition gets worse
- You must estimate your future medical costs now — if treatment costs more than expected, you pay the difference
- The settlement is final once the judge approves it

Important: Before accepting a C&R, think carefully about whether your injury could get worse over time. If it could, a Stipulated Award (explained below) may protect you better.

Option 2: Stipulations with Request for Award (Stipulated Award)

A Stipulated Award is a settlement where you and the insurance company agree on certain facts — like your permanent disability percentage — but you keep your right to future medical care for your injury. You receive permanent disability payments in regular installments (typically every two weeks) instead of one lump sum.

Advantages for you:

- You keep the right to medical treatment for your injury for life
- If your condition gets worse, you can file a Petition to Reopen within five years from the date of injury to seek additional benefits
- You do not have to estimate future medical costs — the insurance company remains responsible

Disadvantages for you:

- You receive less money upfront compared to a C&R
- Your medical treatment is still subject to utilization review — the insurance company can challenge whether treatment is medically necessary
- You must continue dealing with the workers' compensation system

Option 3: Stipulated Findings and Award

This is a less common option where both sides agree on some facts (like what body parts are injured) but ask the judge to decide the remaining disputes (like your permanent disability percentage). This approach provides certainty on liability while allowing the judge to make an independent decision on disability.

DEU Pre-Rating at Rating MSCs

When permanent disability is disputed, either party may request a Rating MSC where the Disability Evaluation Unit (DEU) pre-rates your medical reports before the conference. This gives both sides an objective government rating that often becomes the starting point for settlement negotiations. The DEU rating uses the 2005 Permanent Disability Rating Schedule (<https://www.dir.ca.gov/dwc/workerscompensationbenefits.htm>), which adjusts your whole person impairment for your age and occupation.

Part 7: What to Do After the MSC — Appeals and Reconsideration

This section explains your options if the case goes to trial and you disagree with the judge's decision.

Petition for Reconsideration

If the case does not settle and goes to trial, any party who disagrees with the judge's decision can file a Petition for Reconsideration under Cal. Lab. Code §§ 5900–5911 (<https://employeesfirstlaborlaw.com/labor-code-%C2%A7%C2%A75900-5911-petitions-for-reconsideration/>). You must file this petition within 20 days after the decision is served on you, as required by Cal. Lab. Code § 5903 (<https://law.justia.com/codes/california/code-lab/division-4/part-4/chapter-1/section-5903/>).

Your petition must:

- State specifically why the decision is wrong or unfair
- Identify every issue you want the Appeals Board to review
- Be served on all other parties under Cal. Lab. Code § 5904 (<https://law.justia.com/codes/california/code-lab/division-4/part-4/chapter-1/section-5904/>)

The WCAB must act on your petition within 60 days under Cal. Lab. Code § 5908.5 (<https://law.justia.com/codes/california/code-lab/division-4/part-4/chapter-1/section-5908.5/>). If it takes no action within 60 days, the petition is automatically denied.

Common grounds for reconsideration include:

- Factual errors in the judge's decision

- Legal errors in applying workers' compensation law
- Admission of evidence that violated the discovery closure rule under Cal. Lab. Code § 5502(d)(3)

Petitions must be filed through the Electronic Adjudication Management System (EAMS) (https://www.dir.ca.gov/wcab/wcab_petitionforreconsideration.htm) or with the district office where your case is located.

Writ of Review to the Court of Appeal

If you disagree with the Appeals Board's final decision, you can ask the California Court of Appeal to review it by filing a Petition for Writ of Review under Cal. Lab. Code § 5950 et seq. (<https://law.justia.com/codes/california/code-labor/division-4/part-4/chapter-2/section-5950/>) The Appeals Board must be served as a party. You can email the WCAB Writ Unit at WCABWritUnit@dir.ca.gov (<mailto:WCABWritUnit@dir.ca.gov>) or mail service to 455 Golden Gate Avenue, 9th Floor, San Francisco, CA 94102.

The Court of Appeal reviews questions of law, including whether the Board exceeded its authority. It generally does not second-guess the judge's factual findings if there is evidence to support them. However, under *DPR Construction v. WCAB (McClanahan)*, 111 Cal. App. 5th 1136 (3d Dist. 2025) (<https://law.justia.com/cases/california/court-of-appeal/2025/c102117.html>), procedural violations like admitting undisclosed evidence are treated as exceeding the judge's authority and can result in the award being thrown out.

Settlement Approval by the Judge

When both sides reach a settlement at the MSC, the agreement must be submitted to the judge for approval. The judge reviews the settlement under Cal. Lab. Code § 5003 (<https://law.justia.com/codes/california/code-labor/division-4/part-2/chapter-5/article-3/section-5003/>) to confirm it is fair and reasonable. The judge considers your age, occupation, extent of injury, future needs, and whether all lien claims are addressed. If the judge finds the settlement inadequate, they can reject it or require changes.

Part 8: Time Limits You Must Know

This section covers critical deadlines that can permanently affect your rights.

The Five-Year Window to Reopen a Stipulated Award

Under Cal. Lab. Code § 5410 (<https://law.justia.com/codes/california/code-labor/division-4/part-4/chapter-6/section-5410/>), you can file a Petition to Reopen your case if your condition worsens — but only within five years from the date of injury (not the date of settlement). This applies only to Stipulated Awards, not to Compromise and Release agreements.

Important: If your injury happened more than four years ago, your window to reopen is closing. Talk to your attorney about whether a Stipulated Award still gives you meaningful protection, or whether a Compromise and Release with a higher lump sum makes more sense.

Statute of Limitations for Filing a Claim

You generally must file an Application for Adjudication of Claim at the WCAB within one year of the date of injury. Different timelines apply for cumulative trauma injuries (injuries that build up over time from repeated work activities) and occupational diseases (illnesses caused by workplace exposures).

Maximum Medical Improvement (MMI)

Maximum Medical Improvement (MMI), also called Permanent and Stationary (P&S), is the point when your doctor determines your condition will not significantly improve with further treatment. Once you reach MMI, your temporary disability benefits stop and permanent disability evaluation begins. This determination is critical to your settlement value.

Critical: If your doctor declares you at MMI too early — before all reasonable treatment has been tried — your permanent disability rating may be lower than it should be. Ask your attorney to challenge a premature MMI determination.

Part 9: Serious and Willful Misconduct and Special Issues

This section covers situations where your employer's wrongdoing may increase your benefits.

Serious and Willful Misconduct Penalties

Under Cal. Lab. Code § 4553 (<https://ibew1245.com/2017/12/15/what-employer-misconduct-rises-to-the-level-of-serious-and-willful/>), if your employer's willful misconduct (knowing and deliberate wrongdoing) caused your injury, your benefits can be increased by 50%. This is called a Serious and Willful (S&W) penalty.

To qualify for this penalty, you must show that your employer:

- Actually knew about a dangerous condition, AND
- Deliberately failed to fix it

You can also prove S&W by showing your employer violated a specific Cal/OSHA safety order and that violation directly caused your injury. This is a high standard — higher than ordinary negligence — but when the evidence supports it, this penalty can dramatically increase your settlement value.

Note: The S&W penalty is "all or nothing" — either there is no penalty, or the penalty is exactly 50% of all benefits. The employer cannot insure against this penalty, which makes it a powerful tool in settlement negotiations.

Undocumented Workers and Workers' Compensation

If you are an undocumented immigrant, you are still eligible for workers' compensation benefits in California. Neither the WCAB nor insurance companies can deny your claim based on your immigration status. California's Values Act (SB 54) (<https://www.dir.ca.gov/dwc/fileclaim.htm>) limits cooperation between state agencies and federal immigration authorities, providing additional protections.

Part 10: Northern California WCAB Locations and Procedures

This section provides location-specific information for workers in the San Francisco Bay Area and Northern California.

San Francisco District Office Locations

The San Francisco District Office of the WCAB maintains these hearing locations:

- Main Office: 100 Montgomery Street, Suite 800, San Francisco, CA 94104
- Secondary Location: 630 Sansome Street, 4th Floor, Room 475, San Francisco, CA 94111
- Concord Hearing Location: 1855 Gateway Blvd., Suite 850, Concord, CA 94520

Phone: General Inquiries (800) 736-7401

Email for Writ Matters: WCABWritUnit@dir.ca.gov (<mailto:WCABWritUnit@dir.ca.gov>)

How Hearings Work Now

Beginning March 3, 2025, all MSCs, status conferences, priority conferences, and lien conferences happen through the CourtCall Video Platform (<https://courtcall.com/dwc/>). Trials and expedited hearings still take place in person. You can access CourtCall through a web browser on any device with internet, a webcam, and a microphone.

Local Practice Tips

San Francisco WCAB judges follow the statutory framework strictly, especially after the DPR Construction decision reinforced discovery closure rules. Judges expect:

- The PTCS to be completed promptly — some judges want it before the MSC starts
- All exhibits properly identified and served
- Genuine settlement authority from the insurance company representative
- Good cause demonstrated for any continuance request

Note: Check your hearing notice or contact the judge's clerk before your MSC to learn the specific judge's expectations for PTCS timing and format.

Helpful Websites

- Division of Workers' Compensation (DWC) (<https://www.dir.ca.gov/dwc/>)
- Workers' Compensation Appeals Board (WCAB) (<https://www.dir.ca.gov/wcab/>)
- WCAB En Banc Decisions (https://www.dir.ca.gov/wcab/wcab_enbanc.htm)
- DWC Medical Unit / QME Panel Requests (<https://www.dir.ca.gov/dwc/medicalunit/>)
- DWC Information and Assistance Officers (<https://www.dir.ca.gov/dwc/landA.html>)
- CourtCall Video Platform for DWC (<https://courtcall.com/dwc/>)

Part 11: Permanent Disability Rating Ranges and Benefit Tables

This section provides reference tables to help you understand approximate disability values.

Permanent Disability Rating Ranges by Injury Type

These are approximate ranges under the 2005 Permanent Disability Rating Schedule. Your actual rating depends on your specific medical evidence, age, and occupation.

Injury Type	Low WPI	Mid WPI	High WPI	Adjusted PD Range
Carpal Tunnel Syndrome	5–10%	10–15%	15–25%	5%–30%
Low Back Strain	8–15%	15–25%	25–35%	8%–50%
Knee Injury	10–20%	20–30%	30–40%	10%–55%
Shoulder Injury	8–18%	18–28%	28–40%	8%–60%

Note: WPI means Whole Person Impairment — a medical measure of how your injury affects your overall function. PD means Permanent Disability — the final percentage after adjusting WPI for your age and occupation.

Supplemental Job Displacement Benefit Amounts

PD Rating	SJDB Voucher Amount
Less than 15%	Up to \$4,000
15%–25%	Up to \$6,000
26%–49%	Up to \$8,000
50%–99%	Up to \$10,000
100%	No SJDB (Permanent Total Disability benefits instead)

Source: DWC Workers' Compensation Benefits
(<https://www.dir.ca.gov/dwc/workerscompensationbenefits.htm>)

Part 12: Key Forms You May Need

These are the official forms used in the MSC process. You can access them through the links below.

- Declaration of Readiness to Proceed (DWC-CA Form 10250.1) (https://www.dir.ca.gov/dwc/forms/EAMS%20Forms/ADJ/DWCCAFORM10250_1.pdf) — The form that starts the hearing process
- Pre-Trial Conference Statement (WCAB Form 24) (<https://www.dir.ca.gov/dwc/forms/WCABForm24.pdf>) — The document listing all issues and exhibits for trial
- Notice of Options Following Permanent Disability Rating (DEU Form 110) (https://www.dir.ca.gov/t8/10165_5.html) — Explains your settlement choices after receiving a rating
- Petition to Reopen (DWC/WCAB Form 42) (<https://www.dir.ca.gov/dwc/iwguides/IWGGuide11.pdf>) — Used to reopen a case for worsening conditions

- Compromise and Release Agreement (https://judgeobrien.com/index.php?option=com_content&view=article&id=1579%3A40-13-0-compromise-and-release-agreements&catid=20%3Aorbien&Itemid=101) — Full settlement form
- Stipulations with Request for Award (<https://fordwallach.com/stipulations-with-request-for-award/>) — Partial settlement preserving future medical rights

References

1. Cal. Lab. Code § 5502 — Mandatory Settlement Conference Requirements (<https://law.justia.com/codes/california/code-labor/division-4/part-4/chapter-1/section-5502/>). California Legislature.
2. Cal. Lab. Code § 5003 — Requirements for Compromise and Release Agreements (<https://law.justia.com/codes/california/code-labor/division-4/part-2/chapter-5/article-3/section-5003/>). California Legislature.
3. Cal. Lab. Code § 5313 — Findings and Summaries Required (<https://law.justia.com/codes/california/code-lab/division-4/part-4/chapter-1/section-5313/>). California Legislature.
4. Cal. Lab. Code § 5410 — Petition to Reopen for New and Further Disability (<https://law.justia.com/codes/california/code-labor/division-4/part-4/chapter-6/section-5410/>). California Legislature.
5. Cal. Lab. Code §§ 5900–5911 — Petitions for Reconsideration (<https://employeesfirstlaborlaw.com/labor-code-%C2%A7%C2%A75900-5911-petitions-for-reconsideration/>). Employees First Labor Law.
6. Cal. Lab. Code § 5903 — Petition for Reconsideration Filing Requirements (<https://law.justia.com/codes/california/code-lab/division-4/part-4/chapter-1/section-5903/>). California Legislature.
7. Cal. Lab. Code § 5904 — Service of Petition for Reconsideration (<https://law.justia.com/codes/california/code-lab/division-4/part-4/chapter-1/section-5904/>). California Legislature.
8. Cal. Lab. Code § 5908.5 — Time Limit for WCAB Action on Reconsideration (<https://law.justia.com/codes/california/code-lab/division-4/part-4/chapter-1/section-5908.5/>). California Legislature.
9. Cal. Lab. Code § 5950 et seq. — Petition for Writ of Review (<https://law.justia.com/codes/california/code-labor/division-4/part-4/chapter-2/section-5950/>). California Legislature.
10. Cal. Lab. Code § 5814 — Penalty for Delay in Payment of Benefits (<https://law.justia.com/codes/california/code-labor/division-4/part-4/chapter-1/section-5814/>). California Legislature.
11. Cal. Lab. Code § 4553 — Serious and Willful Misconduct Penalties (<https://ibew1245.com/2017/12/15/what-employer-misconduct-rises-to-the-level-of-serious-and-willful/>). IBEW Local 1245.
12. 8 Cal. Code Regs. § 10759 — Mandatory Settlement Conferences (<https://www.dir.ca.gov/t8/10759.html>). California Department of Industrial Relations.
13. 8 Cal. Code Regs. § 10744 — Objection to Declaration of Readiness to Proceed (<https://www.dir.ca.gov/t8/10744.html>). California Department of Industrial Relations.
14. 8 Cal. Code Regs. § 10670 — Documentary Evidence (<https://www.dir.ca.gov/t8/10670.html>). California Department of Industrial Relations.
15. 8 Cal. Code Regs. §§ 9767.6, 9781, 9785, 9785.6, 9786, 9792.6 et seq. — Utilization Review Regulation Updates (Effective April 1, 2026) (<https://www.enlyte.com/insights/news-release/utilization-management/california-utilization-review-regulation-updates-effective-2026>). Enlyte.
16. DPR Construction v. WCAB (McClanahan), 111 Cal. App. 5th 1136 (3d Dist. 2025) (<https://law.justia.com/cases/california/court-of-appeal/2025/c102117.html>). California Court of Appeal, Third District.
17. San Bernardino Community Hospital v. WCAB (McKernan), 74 Cal. App. 4th 928 (4th Dist. 1999) (https://scholar.google.com/scholar_case?case=2127813662921600000). California Court of Appeal, Fourth District.
18. Jillian DiFusco v. Hands On Spa, 2025-EB-03 (WCAB Oct. 13, 2025) (https://www.dir.ca.gov/wcab/wcab_enbanc.htm). WCAB En Banc Decision.

19. Tyson Perez v. Chicago Dogs, 2025-EB-02 (WCAB Aug. 14, 2025) (https://www.dir.ca.gov/wcab/wcab_enbanc.htm). WCAB En Banc Decision.
20. Abel Vasquez v. Inocencio Renteria, 2025-EB-01 (WCAB May 19, 2025) (https://www.dir.ca.gov/wcab/wcab_enbanc.htm). WCAB En Banc Decision.
21. DWC Virtual Courtroom Resources — CourtCall Platform (<https://www.dir.ca.gov/dwc/Court-Call.html>). California Division of Workers' Compensation.
22. CourtCall Video Platform for DWC (<https://courtcall.com/dwc/>). CourtCall.
23. Declaration of Readiness to Proceed (DWC-CA Form 10250.1) (https://www.dir.ca.gov/dwc/forms/EAMS%20Forms/ADJ/DWCCAFForm10250_1.pdf). California Division of Workers' Compensation.
24. Pre-Trial Conference Statement (WCAB Form 24) (<https://www.dir.ca.gov/dwc/forms/WCABForm24.pdf>). California Division of Workers' Compensation.
25. DWC Workers' Compensation Benefits — Benefit Rate Tables (<https://www.dir.ca.gov/dwc/workerscompensationbenefits.htm>). California Division of Workers' Compensation.
26. DWC FAQs on Supplemental Job Displacement Benefits (https://www.dir.ca.gov/dwc/sjdb/sjdb_faq.html). California Division of Workers' Compensation.
27. Frequently Asked Questions About Qualified Medical Evaluators (QMEs) (<https://www.dir.ca.gov/dwc/medicalunit/faqiw.html>). California Division of Workers' Compensation.
28. Petitions for Reconsideration — Where to File (https://www.dir.ca.gov/wcab/wcab_petitionforreconsideration.htm). Workers' Compensation Appeals Board.
29. WCAB En Banc Decisions (https://www.dir.ca.gov/wcab/wcab_enbanc.htm). Workers' Compensation Appeals Board.
30. DWC Information and Assistance Officers (<https://www.dir.ca.gov/dwc/landA.html>). California Division of Workers' Compensation.
31. Division of Workers' Compensation (DWC) Homepage (<https://www.dir.ca.gov/dwc/>). California Department of Industrial Relations.
32. DWC — How to File a Claim (<https://www.dir.ca.gov/dwc/fileclaim.htm>). California Division of Workers' Compensation.
33. Uribarri, Zane P., "Best Practices for MSCs" — California Lawyers Association (<https://calawyers.org/workers-compensation/best-practices-for-mscs/>) (Feb. 2025).
34. Judge David W. O'Brien, "Mandatory Settlement Conferences" — Floyd Skeren Manukian Langevin LLP (https://judgeobrien.com/index.php?option=com_content&view=article&id=1576&Itemid=985).
35. Judge David W. O'Brien, "Compromise and Release Agreements" — Floyd Skeren Manukian Langevin LLP (https://judgeobrien.com/index.php?option=com_content&view=article&id=1579%3A40-13-0-compromise-and-release-agreements&catid=20%3Aorbien&Itemid=101).
36. Judge David W. O'Brien, "Declaration of Readiness to Proceed" — Floyd Skeren Manukian Langevin LLP (https://judgeobrien.com/index.php?option=com_content&view=article&id=1571&Itemid=980).
37. Sullivan on Comp, "3rd District Court of Appeal Clarifies Credibility Standards and Discovery Closure Rules" (<https://www.sullivancomp.com/blog/3rd-district-court-of-appeal-clarifies-credibility-standards-and-discovery-closure-rules/>) (May 16, 2025).
38. RJY Law, "Lessons from DPR Construction et al. v. WCAB & McClanahan" (<https://www.rjylaw.com/evidentiary-landmines-at-the-mandatory-settlement-conference-lessons-from-dpr-construction-et-al-v-wcab-mcclanahan/>) (2025).
39. Settlement vs. Trial: Comparing Litigation Strategies (<https://cwilc.com/settlement-vs-trial-comparing-litigation-strategies-for-california-workers-compensation-claimants/>) — California Work Injury Law Center.
40. Stipulations With Request For Award (<https://fordwallach.com/stipulations-with-request-for-award/>) — Ford & Wallach.
41. Can a Workers' Comp Case Be Reopened? (<https://robertwoodlaw.com/can-a-workers-comp-case-be-reopened/>) — Robert E. Wood Law Office.
42. What Is a Stipulated Award in California Workers' Compensation? (<https://employeesfirstlaborlaw.com/what-is-a-stipulated-award-in-california-workers-compensation/>) — Employees First Labor Law.
43. Maximum Medical Improvement (MMI) in California Workers' Comp (<https://employeesfirstlaborlaw.com/maximum-medical-improvement-mmi-in-california-workers-comp-what-it-means-and-what-comes-next/>) — Employees First Labor Law.

44. Notice of Options Following Permanent Disability Rating (DEU Form 110) (https://www.dir.ca.gov/t8/10165_5.html) — California Department of Industrial Relations.
45. Petition to Reopen (DWC/WCAB Form 42) (<https://www.dir.ca.gov/dwc/iwguides/IWGuide11.pdf>) — California Division of Workers' Compensation.
46. Average Weekly Wage Calculation Guide 2024 (<https://www.sullivanoncomp.com/hubfs/docs/Resources/AWW-Calculation-Guide-2024.pdf>) — Sullivan on Comp.
47. Determining the Optimum Settlement Philosophy (<https://workcompcollege.com/determining-the-optimum-settlement-philosophy-for-employers-and-injured-workers/>) — WorkCompCollege.
48. What Happens at a Mandatory Settlement Conference (MSC) (<https://ryandkayrell.com/updates/f/what-happens-at-a-mandatory-settlement-conference-msc?blogcategory=MSC>) — Ryan D. Kayrell PC.
49. 8 Cal. Code Regs. § 10744 — Objection to Declaration of Readiness to Proceed (<https://www.law.cornell.edu/regulations/california/8-CCR-10744>). Legal Information Institute.
50. What To Expect During Your Mandatory Settlement Conference (<https://workerscompensationfresno.ca.com/mandatory-settlement-conference/>) — Workers' Compensation Fresno.

Legal Research Report: California Workers' Compensation Mandatory Settlement Conference (MSC) Process, Considerations, and Post- Conference Remedies

(PART-B LEGAL ANALYSIS)

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March 1, 2026

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Executive Summary

A Mandatory Settlement Conference (MSC) under California Labor Code Section 5502 represents a critical juncture in workers' compensation litigation where the injured worker, insurance carrier, and a workers' compensation judge convene to facilitate settlement of disputed issues before trial. The MSC is a statutorily mandated proceeding initiated by filing a Declaration of Readiness to Proceed when discovery is complete and the case is trial-ready. This report addresses the comprehensive legal framework governing MSCs, current procedural requirements as of 2026, strategic preparation methodologies, discovery closure implications established by recent appellate precedent, settlement structure options with distinct advantages and disadvantages, Northern California implementation details, and post-conference appeal and reconsideration procedures. The recent decision in *DPR Construction v. WCAB (McClanahan)* (2025) 111 Cal. App. 5th 1136, certified for publication June 11, 2025, has significantly reinforced the strict enforcement of discovery closure rules under Labor Code Section 5502(d)(3), establishing that violations are not subject to harmless error analysis and require annulment of awards when evidence not disclosed in pretrial conference statements is improperly admitted. This report synthesizes statutory authority, regulatory requirements, binding case law, and practical guidance to provide attorneys, claims professionals, and injured workers with actionable analysis of MSC mechanics, risk assessment frameworks for settlement decisions, and procedural safeguards essential to protecting client interests.

I. Legal Framework Governing Mandatory Settlement Conferences

Statutory Authority and Foundational Requirements

The mandatory settlement conference derives its authority from Labor Code Section 5502, which establishes the procedural framework for resolution of workers' compensation disputes through structured negotiation before judicial adjudication.^{[1][2][3]} Labor Code Section 5502(d)(1) mandates that the MSC be conducted not less than ten days nor more than thirty days from the date of service of the Declaration of Readiness to Proceed, establishing a temporal framework for case progression.^{[1][1][14]} The statute provides that the workers' compensation judge shall have authority to inquire into the adequacy and completeness of Compromise and Release agreements or Stipulations with Request for Award, including provision for lien claims, and to issue orders approving such settlements or awards based on approved stipulations.^{[1][1][1]}

Labor Code Section 5502(d)(3) establishes the critical discovery closure rule: discovery closes on the date of the mandatory settlement conference, with evidence not disclosed in the pretrial conference statement inadmissible unless the proponent demonstrates that it was unavailable or could not have been discovered through due diligence.^{[4][5][17][20]} This discovery cutoff serves two critical statutory purposes identified by the California Court of Appeal: (1) to eliminate the element of surprise in workers' compensation proceedings, and (2) to guarantee a productive dialogue leading, if not to expeditious resolution of the whole dispute, to thorough and accurate framing of the stipulations and issues for hearing.^{[4][5][17][20]} The statute further provides under Labor Code Section 5502(d)(4) that the parties shall meet and confer prior to the mandatory settlement conference and, absent resolution of the dispute, shall complete a joint Pre-Trial Conference Statement setting forth the issues and stipulations for trial, witnesses, and a list of exhibits by the close of the mandatory settlement conference.^{[1][1][1]}

Under Labor Code Section 5502(e), the judge may temporarily adjourn a conference to a time certain to facilitate specific resolution of dispute(s), or upon showing of good cause, may continue the conference to a date certain, continue it to a status conference, or take the case off calendar.^{[1][1][1]} Critically, Labor Code Section 5502.5 and WCAB Rule 10744 establish that continuances are not favored and will not be granted after filing of a Declaration of Readiness without a clear and timely showing of good cause.^{[1][7][10][62]} The judge must note the reasons for continuance or order taking off calendar in the minutes, which must be served on all parties and their representatives.^{[1][1][1]}

Regulatory Framework and Administrative Rules

Title 8, California Code of Regulations Section 10759 provides the detailed procedural requirements for mandatory settlement conferences.^{[1][1][1][1][1]} This regulation mandates that parties meet and confer prior to the MSC and, absent resolution of disputes, complete a joint Pre-Trial Conference Statement by close of

conference.[1][1][1][1][1] The regulation specifies that exhibits must be clearly identified by author/provider, date, and title or type, with each medical report, medical-legal report, medical record, or other document having a different author/provider and/or different date constituting a separate "document" and exhibit.[1][1][1][1][1]

WCAB Rule 10759(c) establishes specific exhibit identification standards: medical reports must be identified by author/provider, date covered by treatment or service, and available page numbers (e.g., Bates-numbered pages); personnel records, wage records, statements, and business records must be similarly designated with title, dates covered, authors, and available page numbers, with only relevant excerpts admitted in evidence; and Explanation of Benefits (EOB) letters may be listed as a single exhibit.[1][1][1][1][1] The regulation provides that the workers' compensation judge may make orders and rulings regarding admission of evidence and discovery matters, including offers of proof and stipulations of testimony, and may submit and decide disputes on the record pursuant to agreement of parties.[1][1][1][1][1]

WCAB Rule 10744, governing objections to Declaration of Readiness to Proceed, establishes that any objection shall be filed and served within ten calendar days after service of the declaration, stating under penalty of perjury the specific reason why the case should not be set or why requested proceedings are inappropriate.[62] The rule provides that false declaration or certification by any party, petitioner, attorney, or non-attorney representative may give rise to proceedings under Labor Code Section 134 for contempt or Labor Code Section 5813 for sanctions.[62] If a party has received the Declaration of Readiness and has not filed an objection, that party is deemed to have waived any and all objections to proceeding on the specified issues, absent extraordinary circumstances.[62]

Key Case Law and Binding Precedent

The controlling precedent regarding MSC discovery rules was firmly established in *San Bernardino Community Hospital v. WCAB (McKernan)* (1999) 74 Cal. App. 4th 928, which held that Labor Code Section 5502 "establishes the bounds of discretion vested in the [workers' compensation judge] for keeping discovery open after the mandatory settlement conference" and that "[d]isregard for the statutory procedural mechanisms for resolving workers' compensation cases is inappropriate." [4][5][17][20][17] This precedent expressly established that such disregard is not subject to harmless error analysis, a holding that has recently been reaffirmed with significant force in the 2025 appellate decision. [4][5][17][20][17]

DPR Construction v. WCAB (McClanahan) (2025) 111 Cal. App. 5th 1136, certified for publication June 11, 2025, represents the most significant recent development in MSC procedural law. [4][5][17][20][61][17] In this case, the Third District Court of Appeal reviewed the admission of two medical reports by Dr. Hanley that were not listed in the pretrial conference statement, despite being available before the MSC. [4][5][17][20][61][17] Although the Workers' Compensation Appeals Board conceded that admitting the Hanley reports violated Labor Code Section 5502(d)(3), it argued the error was harmless because the reports did not form the sole basis for the decision. [4][5][17][20][61][17] The Court of Appeal disagreed, holding that violations of Labor Code Section 5502(d)(3) are not subject to harmless error analysis, even when the improperly admitted evidence might not have been the sole basis for the decision. [4][5][17][20][61][17] The court emphasized that "an opposing party might often be unable to show specific prejudice," and that allowing harmless error analysis "would threaten to make section 5502, subdivision (d)(3) meaningless." [4][5][17][20][17]

The court further clarified the standard for credibility findings under Labor Code Section 5313, holding that this statute does not require detailed explanations of credibility findings beyond ultimate facts and the evidence relied upon. [4][5][17][20][61][17] Rather, Section 5313 requires the board or workers' compensation judge, within 30 days after case submission, to make and file findings upon all facts involved in the controversy and an award, order, or decision stating the determination as to the rights of the parties, together with a summary of the evidence received and relied upon and the reasons or grounds upon which the determination was made. [4][5][17][20][61][17][69] The court rejected the notion that Section 5313 demands additional detail regarding specific credibility determinations, finding that adequate explanation of the basis for ultimate findings satisfies the statutory requirement. [4][5][17][20][17]

II. Current Legal Landscape and Recent Developments (January 2026 through March 2026)

Administrative and Procedural Updates

As of March 3, 2025, the Division of Workers' Compensation transitioned all status conferences, mandatory settlement conferences, priority conferences, and lien conferences from traditional telephone conference lines to the CourtCall Video Platform.[16][19] All trials, lien trials, and expedited hearings continue to be conducted in person.[16][19] Each workers' compensation judge has an assigned virtual courtroom on the CourtCall Video Platform, with access information posted on the DWC website and included on hearing notices, and call-in numbers available for parties requiring telephonic participation.[16][19] The CourtCall Video Platform is a fully browser-based application requiring no downloads or special hardware, with participants needing only internet-enabled devices with webcam and microphone/speaker capabilities.[19] This transition represents a significant procedural change affecting MSC conduct and party participation logistics beginning in March 2025, with implications for preparation, evidence presentation, and real-time settlement negotiations.[16][19]

The California Division of Workers' Compensation has also implemented comprehensive utilization review regulation updates effective April 1, 2026, under 8 CCR Section 9767.6, 9781, 9785, 9785.6, 9786, and 9792.6 et seq, which impact medical treatment authorization procedures and documentation requirements during the pre-MSA phase.[52] These updates delete the definition of "Delay" and remove reference to DWC Form RFA, replacing it with "request for authorization," and add clarification that expert reviewer consultation must be requested by claims administrator or utilization review organization, necessitating an extension of time prior to determination of medical necessity.[52] The updates also impose new UR plan requirements that plans modifying or denying treatment must provide proof of URAC Workers' Compensation Utilization Management Accreditation, and claims administrators may submit a letter identifying the contracted URO instead of filing a plan if the URO has an approved plan on file.[52]

En Banc and Appellate Precedent Developments

The California Workers' Compensation Appeals Board issued significant en banc decisions in 2025 that provide binding precedent affecting MSC practice. *Jillian DiFusco v. Hands On Spa, Employers Compensation Insurance Group, et al.* (October 13, 2025) 2025-EB-03, established that only the Appeals Board is statutorily authorized to issue regulations for adjudication for workers' compensation proceedings, and that WCAB Rules 10390, 10400, and 10401 require that parties, their representatives, and their insurance companies be fully identified.[72] On August 14, 2025, the Appeals Board issued an en banc decision in *Tyson Perez v. Chicago Dogs, Liberty Mutual Insurance Co., et al.* (2025) 2025-EB-02 that held a request on the record for electronic witness testimony at the beginning of the hearing, with an opportunity for any party to respond, satisfies the petition requirement and is sufficient to adjudicate the issue of electronic testimony, and that the due process right to a fair hearing and determination based on the merits constitutes good cause to allow electronic testimony of a witness when the witness is unable to appear in person.[72] On May 19, 2025, the Appeals Board issued an en banc decision in *Abel Vasquez v. Inocencio Renteria; Zenith Insurance Co.* (2025) 2025-EB-01 establishing that only the Appeals Board has jurisdiction to determine whether a replacement QME panel is valid or otherwise appropriate.[72]

Recent Case Law on Settlement Adequacy and Compromise and Release Approval

While appellate decisions specifically addressing MSC settlement adequacy standards are limited, the controlling framework for evaluating settlement fairness derives from Labor Code Section 5003 and related provisions. Under Section 5003, every release or compromise agreement must be in writing and duly executed, with the employee's signature attested by two disinterested witnesses or acknowledged before a notary public, and the document must specify the date of accident, average weekly wages, nature of disability, amount paid or due and unpaid, and the payment or benefits to be made.[12] Agreements providing for payment of less than full amount of compensation due or to become due and undertaking to release the employer from all future liability will be approved only where it appears that a reasonable doubt exists as to the rights of the parties or that approval is in the best interest of the parties.[12] No agreement shall relieve an employer of liability for vocational rehabilitation benefits unless the Workers' Compensation Appeals Board makes a finding that there is a good faith issue which, if resolved against the injured employee, would defeat the employee's right to all workers' compensation benefits.[12]

The Workers' Compensation Appeals Board inquires into the adequacy of all compromise and release agreements and stipulations with request for award, and may set the matter for hearing to take evidence when necessary to determine whether the agreement should be approved or disapproved, or issue findings and

awards.[12] Where a lien claim is on file and a compromise and release agreement or stipulations with request for award or order is filed, a copy must be served on the lien claimant.[12]

III. Comprehensive Procedural Framework for Mandatory Settlement Conferences

Declaration of Readiness to Proceed: Initiation and Timing Requirements

The mandatory settlement conference process begins with the filing of a Declaration of Readiness to Proceed (DOR), which formally requests that a case be set for hearing before a workers' compensation judge.[10][41] Only the injured worker, the employer/carrier, or a lien claimant (under specified circumstances) may file a DOR, with the injured worker typically filing through counsel.[2][10][41][2] The DOR must indicate which type of hearing is being requested-in the context of this analysis, a Mandatory Settlement Conference, Rating MSC, Status Conference, Priority Conference, or Lien Conference.[10][41][2]

A valid DOR requires the declarant to state under penalty of perjury that they are presently ready to proceed to hearing on the specified issues and to list the specific, genuine, and good faith efforts made to resolve the dispute(s) prior to filing.[7][10][41] Unless a status or priority conference is requested, the declarant must certify that discovery has been completed on the issues listed and that all medical reports in their possession or control have been filed and served as required by WCAB rules.[7][10][41] The rules established by the court administrator require that copies of the Declaration of Readiness be served on all parties as shown on the attached proof of service.[7][10][41]

Objections to a Declaration of Readiness to Proceed must be filed and served within ten calendar days after service of the declaration, with the objection setting forth under penalty of perjury the specific reason why the case should not be set or why the requested proceedings are inappropriate.[62] If a party has received the Declaration of Readiness and has not filed an objection, that party is deemed to have waived all objections to proceeding on the specified issues, absent extraordinary circumstances.[62][38] A false declaration or certification filed by any party, petitioner, attorney, or non-attorney representative may give rise to proceedings under Labor Code Section 134 for contempt or Section 5813 for sanctions.[62]

The Mandatory Conference Period and Timing Constraints

Labor Code Section 5502(d)(1) establishes that the MSC must be conducted not less than ten days nor more than thirty days from the date of service of the Declaration of Readiness to Proceed.[1][1][14] This temporal framework provides parties with a defined period to prepare for the conference while preventing unnecessary delays in case progression. In practice, the specific date and time of the MSC are set by the workers' compensation judge's calendar and communicated to the parties by notice of hearing, which is provided at least ten calendar days in advance to allow for adequate preparation.[8][9]

The judge has authority to continue an MSC to a date certain, continue it to a status conference on a date certain, or take the case off calendar upon showing of good cause, subject to Labor Code Section 5502.5 and WCAB Rule 10744.[1][1][1][1] Continuances are not favored and will not be granted after filing of a Declaration of Readiness without a clear and timely showing of good cause.[1][7][10] The judge must note the reasons for continuance or order taking off calendar in the minutes, which must be served on all parties and their representatives.[1][1][1]

Pre-Trial Conference Statement Requirements and Exhibit Identification Standards

The joint Pre-Trial Conference Statement (PTCS), also referred to as WCAB Form 24, is the critical document that frames the issues, stipulations, and evidence for trial if settlement is not achieved at the MSC.[11][8] The PTCS must be completed by the close of the mandatory settlement conference and must be filed by the workers' compensation judge in the record of proceedings on a form prescribed and approved by the Appeals Board, with service on all parties.[1][1][1][1][1][11] In practice, significant variation exists among different WCAB boards regarding when the PTCS must be completed: at some boards, the PTCS is required to be completed by all parties, executed, and uploaded ahead of time so the judge can review it with the parties at the time of trial setting; at other boards, the PTCS can be e-mailed to the board or e-filed by close of business; and at still others, parties may be given days or even a week to complete the pleading and will still be allowed to set the matter for trial.[8][9]

Best practice dictates that the PTCS should be completed prior to the MSC to avoid uncertainty regarding judicial expectations and to ensure compliance with discovery closure requirements.[8][9] The PTCS must

identify exhibits with specificity in compliance with WCAB Rule 10759(c), which requires that each exhibit listed be clearly identified by author/provider, date, and title or type.[1][1][1][1][1] For medical reports, medical-legal reports, and medical records, each report with a different author/provider and/or different date must be listed as a separate exhibit, with only relevant excerpts admitted in evidence.[1][1][1][1][1][34] For personnel records, wage records, statements, job descriptions, and other business records, excerpted portions must be designated by record title, dates covered, authors, and available page numbers (e.g., Bates-numbered pages), with only relevant excerpts admitted in evidence.[1][1][1][1][1][34] Explanation of Benefits (EOB) letters may be listed as a single exhibit unless otherwise ordered by the Appeals Board.[1][1][1][1][1]

Under WCAB Rule 10670, no "original" business records, medical records, or other documentary evidence shall be filed with the Workers' Compensation Appeals Board-only photocopies or other reproductions of original documents shall be filed.[34][63] The Workers' Compensation Appeals Board may decline to receive in evidence any document not listed on the Pre-Trial Conference Statement, any document not served at or prior to the MSC unless good cause is shown, or any document not filed 20 days prior to trial unless otherwise ordered by a workers' compensation judge or good cause is shown.[34][63] Any physician's report that does not comply with Labor Code Section 4628 will not be admitted unless good cause is shown for the failure to comply and, after notice of non-compliance, compliance takes place within a reasonable period or within a time prescribed by the judge.[34][63]

Attendance Requirements and Settlement Authority

WCAB Rule 10752 establishes that each required party shall have a person available with settlement authority at all hearings.[8] At the MSC, the injured worker must be present or available by telephone (except that the applicant, if unrepresented, must be present unless excused for good cause).[7][10][41] Claims adjusters and lien claimants must be present or available by telephone.[7][10][41][30][2] If a party is represented by an attorney or non-attorney representative, that representative must have apparent or demonstrated settlement authority to negotiate on behalf of the party.[8][9]

This requirement creates practical obligations for insurance claims administrators to ensure that settlement authority is available at the time of the hearing. In practice, many claims professionals contact adjusters in the weeks leading up to the hearing to discuss pending issues, obtain settlement authority, and ensure that the claims adjuster or someone with authority is available on the hearing date, whether in person or by telephone.[8][9] The provision regarding availability of a benefit printout (BPO) requires that if any benefit has been paid, the defendant/insurer must have a current computer printout of benefits paid available for inspection at every mandatory settlement conference.[1][1][7][10][1][1][41]

Settlement Preparation and Documentation Requirements

In the days preceding the mandatory settlement conference, parties should prepare settlement documents, including Compromise and Release agreements and Stipulations with Request for Award, even if settlement appears unlikely.[8][9][13] The requirement for settlement authority exists precisely because court dates often prompt settlement discussions and create opportunities for resolution that may not have existed during pre-hearing informal negotiations.[8][9] Settlement authority obtained from supervisors and approved by insurance company management should be confirmed in writing and made available to defense counsel on the hearing date.[8][9]

Counsel should prepare draft settlement documents well in advance of the MSC, including all required statutory language under Labor Code SectionSection 5001-5005, compliance documentation for liens under Labor Code Section 3761, and any necessary lien resolution language.[12][9] The Compromise and Release must include the date of accident, average weekly wages, nature of disability, and the amount paid, due and unpaid, to the employee as of the date of release.[12] Settlement documents must comply with the form requirements prescribed by the Appeals Board.[12][9]

IV. Strategic Preparation for Mandatory Settlement Conferences

Evidence Development and Medical Documentation Strategy

The strength of an MSC settlement position depends significantly on the quality and completeness of medical evidence developed during the pre-hearing investigation and discovery phase. For injured workers and applicant's counsel, developing strong medical evidence requires obtaining reports from the injured worker's

primary treating physician (PTP) that clearly establish the injury, the mechanism of injury, the medical necessity and reasonableness of treatment provided, work restrictions and limitations, and the permanent disability rating or whole person impairment.[54] Medical records should be contemporaneous and clearly document the relationship between treatment and the workplace injury, preventing later insurer arguments that conditions are non-industrial or pre-existing.[54] Detailed treating physician notes explaining the injury history and linking medical findings to workplace causation strengthen the medical narrative.[54]

When a qualified medical evaluator (QME) or agreed medical evaluator (AME) report is required, counsel should ensure that the report complies with Labor Code Section 4628 and is submitted timely, as non-compliant reports may be excluded from evidence.[32][34][63] The QME or AME report should address the issues specified in the case, including whether the injury arose out of and in the course of employment (AOE/COE), causation, nature and extent of medical conditions, work restrictions, future medical treatment need, and permanent disability rating based on whole person impairment adjusted for age and occupation.[31][32][33][60]

For defense counsel and insurance carriers, developing medical evidence requires obtaining medical records from the injured worker's medical providers, requesting independent medical examinations (IMEs) or adverse medical evaluations (AMEs) by physicians selected by the insurer, and obtaining utilization review (UR) determinations regarding medical necessity of proposed treatment.[32][33][54] Defense medical evidence should address alternative causation theories, pre-existing conditions unrelated to the claimed injury, reasonableness and medical necessity of treatment provided or proposed, and any medical evidence supporting a lower permanent disability rating.[54]

Wage and Vocational Evidence Preparation

Establishing average weekly wages (AWE) and wage loss is critical to settlement value calculations. The injured worker's AWE is calculated using earnings at the time of injury under Labor Code Section 4661.5, with specific methodologies for seasonal employees, part-time employees, and employees with variable earnings.[46] Counsel should compile wage documentation including pay stubs covering the 13 weeks preceding the date of injury, tax returns if self-employed, employment contracts, and any evidence of typical earning patterns.[46] For employees with wage loss during periods of temporary disability or temporary partial disability, documentation must establish the difference between pre-injury earnings and post-injury earnings during the disability period.[46]

When permanent disability creates barriers to return to the pre-injury occupation, vocational evidence becomes critical to settlement value. Under Labor Code Section 139A, injured workers may be eligible for vocational rehabilitation benefits or, for injuries on or after January 1, 2013, Supplemental Job Displacement Benefits (SJDB) in the form of vouchers ranging from \$4,000 to \$10,000 depending on the permanent disability rating.[45][48][49] Vocational evidence should establish the injured worker's pre-injury occupation, transferable skills, medical restrictions limiting return to that occupation, job availability for suitable alternative work, wage differential between pre-injury and post-injury work, and the value of potential vocational rehabilitation services or SJDB voucher retraining.[45][48][49]

Pre-MSJ Settlement Positioning and Communication Strategy

The weeks preceding the MSJ provide an opportunity to shape settlement positioning through strategic communication with opposing counsel and the insurance carrier. Applicant's counsel should clearly articulate the strength of liability and damages evidence, emphasize the risks facing the defense if the case proceeds to trial, and establish realistic but optimistic settlement expectations.[13][15] Defense counsel should evaluate the strength of alternative causation theories, assess medical evidence, identify any defenses to liability or specific damages elements, and establish parameters for reasonable settlement offers.[13][15]

Exchange of preliminary settlement positions weeks before the MSJ, if permitted by the parties' informal understandings, can facilitate productive settlement discussions at the conference itself. Some parties schedule pre-MSJ settlement conferences (informally or through mediators) to narrow issues and establish a foundation for MSJ settlement negotiations.[13][15] By the time of the formal MSJ, sophisticated practitioners have typically exchanged key documents, identified points of agreement and disagreement, and developed preliminary settlement offers and counter-offers that can be refined during the conference.[13][15]

V. Discovery Closure and the DPR Construction Framework: Strict Enforcement and Practical Implications

The Discovery Cutoff Rule Under Labor Code Section 5502(d)(3)

Labor Code Section 5502(d)(3) establishes an absolute rule: discovery closes on the date of the mandatory settlement conference, and evidence not listed on the Pre-Trial Conference Statement is inadmissible unless the proponent proves it "was not available or could not have been discovered by the exercise of due diligence" before the MSC.[4][5][17][20] The burden of proof rests on the party seeking to introduce the undisclosed evidence, and the workers' compensation judge lacks discretion to waive the requirement simply because the opposing party had the documents in its possession.[4][5][17][20]

The statutory rule serves two clearly defined purposes. First, it eliminates the element of surprise in workers' compensation proceedings, ensuring that both parties have full notice of the evidence to be presented before trial and adequate opportunity to prepare responses.[4][5][17][20] Second, it guarantees a productive dialogue leading, if not to expeditious resolution of the whole dispute, to thorough and accurate framing of the stipulations and issues for hearing, thereby advancing the statutory goal of efficient resolution while maintaining due process protections.[4][5][17][20]

The DPR Construction Decision and Rejection of Harmless Error Analysis

The 2025 decision in *DPR Construction v. WCAB (McClanahan)* 111 Cal. App. 5th 1136 fundamentally reaffirmed and strengthened the discovery closure rule by holding that violations of Labor Code Section 5502(d)(3) are not subject to harmless error analysis—even when the improperly admitted evidence might not have been the sole basis for the decision.[4][5][17][20][61][17] The case involved the admission at trial of two earlier reports from Dr. Hanley that had not been listed in the pretrial conference statement despite being available before the MSC.[4][5][17][20][61][17] The Workers' Compensation Appeals Board conceded the error but argued that because the judge's decision appeared to rest on other medical evidence (specifically Dr. McGahan's testimony and the injured worker's own testimony), the admission of the undisclosed Hanley reports was harmless.[4][5][17][20][61][17]

The Court of Appeal rejected this harmless error argument categorically, holding that the statutory framework "establishes the bounds of discretion vested in the [workers' compensation judge] for keeping discovery open after the mandatory settlement conference," and that "[d]isregard for the statutory procedural mechanisms for resolving workers' compensation cases is inappropriate," with such disregard "not subject to harmless error analysis." [4][5][17][20][17] The court emphasized that "an opposing party might often be unable to show specific prejudice" from the undisclosed evidence, particularly in cases where the judge's opinion does not explicitly reference the improperly admitted documents, and that allowing harmless error analysis "would threaten to make section 5502, subdivision (d)(3) meaningless." [4][5][17][20][17]

The practical implications of this decision are profound. Defense practitioners must now object strenuously and on the record to any evidence not listed in the pretrial conference statement, cite Labor Code Section 5502(d)(3), and demand an offer of proof explaining why the evidence was genuinely undiscoverable through due diligence before the MSC.[4][5][17][20][17] If the judge overrules the objection and admits the evidence, defense counsel now has very strong grounds for seeking writ review (appeal) to the Court of Appeal, with a realistic expectation that the appellate court will annul the award and remand for reconsideration without reference to the improperly admitted evidence.[4][5][17][20][17]

Applicant's counsel must conversely ensure that all medical reports, wage statements, personnel records, and other evidence supporting the claimant's case are disclosed in or attached to the PTCS and that all medical opinions, witness statements, and documents have been previously served on the opposing party.[4][5][17][20][17] Any attempt to introduce evidence at trial that was not disclosed in the PTCS exposes the applicant to successful defense motions to exclude the evidence and potential annulment of any favorable award on writ review.[4][5][17][20][17]

Procedural Safeguards: The Master Exhibit Checklist Approach

Claims adjusters and defense counsel should implement rigorous pre-MSc file review procedures to identify all documents and medical reports intended to be offered at trial, coordinate with defense counsel to ensure these items are included in the PTCS, and create a master exhibit checklist circulated internally the week before the MSC to confirm that nothing essential has been omitted.[4][5][17][20][17] Missing an item at the exhibit listing stage is not a clerical error to be remedied at trial—it is a fatal evidentiary defect under current law.[4][5][17][20][17]

The same obligation applies to applicant's counsel. Counsel should systematically review all medical records received from treating physicians and retained QMEs, confirm receipt of all reports that will be relied upon, compile a complete exhibit list for the PTCS, and ensure that copies of all exhibits are served on the opposing party before the MSC.[4][5][17][20][17] Any supplemental medical reports received after the PTCS is finalized and before the hearing should trigger immediate communication with opposing counsel regarding whether the new evidence should be added to the exhibit list by stipulation, or whether the other party will object on discovery closure grounds.[4][5][17][20][17]

Post-MSJ synchronization is critical. After the PTCS is signed and locked, claims professionals and defense counsel should send a "lockdown email" to the file confirming that no additional records have been received and that discovery is complete.[4][5][17][20][17] If new medical records surface after the MSJ, the parties should confer immediately to determine whether they can be admitted by stipulation or whether they will be excluded on discovery closure grounds. This documentation creates a clear record of when the parties knew about specific evidence and whether due diligence would have required earlier disclosure.[4][5][17][20][17]

VI. Settlement Options, Comparative Analysis, and Adequacy Standards

Compromise and Release (C&R) Agreements: Structure, Advantages, and Disadvantages

A Compromise and Release agreement (also called a "full and final settlement") is a complete settlement of the workers' compensation claim that results in payment of a lump sum to the injured worker in exchange for full release of all future liability except vocational rehabilitation benefits (and in some circumstances even including vocational rehabilitation).[12][21][22][24] The C&R provides finality for both the injured worker and the employer/insurer, closing the case completely after judicial approval.[12][21][22][24]

Advantages for the Injured Worker include the certainty of immediate cash payment in a single lump sum that can be used as the injured worker chooses—for medical care, debt repayment, home modifications, or any other purpose.[12][13][21][22][24][25] The injured worker can select private medical providers for future treatment without restriction to the insurer's medical provider network or utilization review processes, potentially accessing more specialized or expensive care not covered under the workers' compensation system.[12][21][22][24] If the injured worker later requires ongoing medical treatment and has separate health insurance, the C&R permits the worker to use that insurance (subject to subrogation issues) rather than remaining bound to the workers' compensation system.[12][21][22][24]

Disadvantages for the Injured Worker are substantial. Once a C&R is approved by the judge, the settlement is generally final and cannot be reopened even if the injured worker's condition deteriorates within the five-year period following the date of injury.[12][21][22][24][25] Unlike Stipulated Awards, C&R agreements cannot be reopened for "new and further disability" if the worker's condition worsens or if previously unknown complications develop.[12][21][22][24][25] The injured worker must estimate future medical needs at the time of settlement and demand sufficient compensation to cover all anticipated future treatment—if actual medical costs exceed the lump sum settlement, the worker bears the difference out of pocket.[12][13][21][22][24]

Advantages for the Employer/Insurer include complete closure of the file and elimination of all future workers' compensation liability, with no ongoing administration costs, potential for future medical treatment disputes, or obligation to maintain medical provider networks or utilization review programs for this claimant.[21][40] The lump sum is finite and predictable, allowing for accurate financial reserves and cost accounting. The settlement eliminates the insurer's exposure to claims of serious and willful misconduct penalties under Labor Code Section 4553, which can amount to 50% of all benefits paid.[21][40][56][59]

Disadvantages for the Employer/Insurer are that the lump sum settlement generally commands a premium price relative to Stipulated Awards because the injured worker is releasing all future rights, and negotiation often requires the insurer to pay more than if ongoing medical care were reserved.[21][40] The insurer loses access to cost containment mechanisms such as utilization review, bill review, and medical provider network limitations that would constrain medical expenses under an ongoing award.[21][40]

Stipulations with Request for Award (Stipulated Award): Structure, Advantages, and Disadvantages

A Stipulated Award (also called a "Stipulation with Request for Award" or simply "Stips") is a settlement agreement in which the parties agree to specific findings regarding the injured worker's entitlement to

benefits, including permanent disability percentage and future medical care, but do not provide a full and final lump sum settlement of all benefits.[12][22][24][25] Instead, the injured worker receives permanent disability payments in biweekly installments and retains the right to request medical treatment for the accepted industrial injury body parts for the remainder of the worker's life, subject to utilization review and other limitations.[12][22][24][25]

Advantages for the Injured Worker are significant and often justify choosing Stipulated Awards over C&R even when the worker could have negotiated a larger lump sum. The injured worker retains lifetime future medical care rights for the accepted body parts, meaning any medical treatment causally related to the accepted injury-including future surgery, rehabilitation, pain management, or durable medical equipment-can be requested from the employer/insurer without exhausting the settlement proceeds.[12][21][22][24][25] If the injured worker's condition worsens after settlement, they can file a Petition to Reopen within five years from the date of injury, seeking additional permanent disability benefits and potentially increased future medical awards.[12][21][22][23][25] This flexibility is especially valuable for injuries with uncertain long-term consequences or for young workers who may develop secondary complications over decades of life.[12][21][22][24][25]

Stipulated Awards also provide administrative simplicity. The injured worker does not need to estimate total lifetime medical costs at the time of settlement and does not bear the risk that actual medical expenses will exceed the settlement amount.[12][21][22][24] The employer/insurer remains responsible for all reasonable, necessary, and evidence-based medical treatment related to the injury, subject to the utilization review process and medical treatment utilization schedule (MTUS) guidelines.[12][21][22][24]

Disadvantages for the Injured Worker include the reality that the permanent disability lump sum payment is typically lower than what a C&R would command for the same injury, because the settlement does not account for closure of future medical benefits.[12][21][22][24][25] The injured worker's medical care remains subject to utilization review processes, where the insurer can request modifications or denials of proposed treatment if the insurer deems the treatment not medically necessary or not in compliance with MTUS guidelines.[12][21][22][24] The worker must continue to interact with the workers' compensation system, potentially involving disputes over medical treatment authorization and administrative burdens of seeking treatment approval.[12][21][22][24][25]

Advantages for the Employer/Insurer include a more accurate and predictable assessment of permanent disability liability. Rather than estimating total future medical needs, the insurer retains control over case closure while acknowledging a defined permanent disability percentage that must be paid in installments.[21][22][24][40] The insurer retains access to cost containment mechanisms (utilization review, bill review, medical provider networks) that constrain medical costs, often resulting in lower lifetime medical expenses than would occur under a full C&R settlement.[21][22][24][40] Stipulated Awards remain reopenable within the five-year period, but the insurer can defend against reopen petitions by demonstrating absence of "new and further disability." [21][22][24]

Disadvantages for the Employer/Insurer include ongoing administrative obligations and the potential for future disputes regarding medical treatment necessity, medical provider disputes, and reopen claims.[21][22][24][40] The insurer must maintain systems for handling treatment requests, processing utilization review determinations, and managing the workers' compensation file for the duration of the worker's medical care needs.[21][22][24]

Stipulated Findings and Award (Findings & Award)

A third settlement option, though technically distinct from settlement and representing a trial outcome, is a Stipulated Findings and Award. This occurs when the parties stipulate to certain findings of fact and law but leave some issues for the judge to decide. Typically, the parties agree on injury causation and accepted body parts but dispute permanent disability percentage, in which case the judge determines the rating based on medical evidence and utilizes DEU ratings as guidance. This option provides predictability on liability while allowing an independent judicial determination of disability when the parties cannot agree on a specific rating.[21][24]

Pre-Trial Rating Conferences and DEU Ratings

When permanent disability rating is a disputed issue, parties may request a Rating MSC where the Disability Evaluation Unit (DEU) pre-rates medical reports addressing permanent disability before the conference, providing the parties with an objective government rating that can facilitate settlement.[2][21][35][67][2] The DEU rating is based on whole person impairment determined by the physician's report, adjusted for the injured worker's age and occupation under the 2005 Permanent Disability Rating Schedule (PDRS).[21][35][49] In practice, judges at trial are unlikely to disagree with the DEU rating unless there is a dispute regarding the proper method of rating the applicant's impairment or the judge finds that the medical opinions do not constitute substantial evidence supporting the rating.[21][35]

When both parties have agreed upon a permanent disability rating (whether by the treating physician, QME, AME, or DEU), settlement at the Rating MSC is highly likely because the permanent disability rating is typically the primary variable affecting settlement value.[21][35] Excluding cases where liability is disputed or where vocational rehabilitation/SJDB issues remain unsettled, the permanent disability percentage determination drives most of the settlement negotiations.[21][35]

VII. Northern California-Specific Implementation: San Francisco WCAB Practices and Procedures

San Francisco Immigration Court Context Comparison: N/A (Workers' Compensation Application)

Northern California workers' compensation practice centers on the San Francisco District Office of the Workers' Compensation Appeals Board, which oversees cases venued in the Bay Area and surrounding regions. While the personalization instructions reference San Francisco Immigration Court, this research addresses workers' compensation proceedings at the Workers' Compensation Appeals Board, a distinct administrative agency with different judicial officers, procedural rules, and substantive law. The following analysis addresses San Francisco WCAB practices specifically.

San Francisco District Office WCAB Locations and Hearing Formats

The San Francisco District Office of the WCAB maintains multiple hearing locations serving the Northern California region:[16][19] The main office at 100 Montgomery Street, Suite 800, San Francisco, CA 94104; a secondary location at 630 Sansome Street, 4th Floor, Room 475, San Francisco, CA 94111; and a Concord Hearing Location at 1855 Gateway Blvd., Suite 850, Concord, CA 94520. Cases are assigned to specific judges based on venue (county of injury) and judge availability. Beginning March 3, 2025, all mandatory settlement conferences, status conferences, priority conferences, and lien conferences are conducted via the CourtCall Video Platform, while trials, lien trials, and expedited hearings continue to be held in person at the specified hearing locations.[16][19]

San Francisco WCAB Judge Preferences and Procedural Tendencies

While appellate decisions do not typically disclose individual judge preferences, San Francisco-based practitioners report variations in judge expectations regarding MSC preparation and settlement methodology. Some judges expect the Pre-Trial Conference Statement to be completed and submitted before the MSC begins, allowing the judge to review the document and facilitate discussion with the parties regarding issue framing; other judges allow completion of the PTCS by the close of the conference or even within a specified number of days following the MSC. Practitioners should review the notice of hearing or contact the judge's clerk in advance to clarify expectations for PTCS timing and format in the specific judge's courtroom.[8][9][9]

San Francisco judges typically follow the statutory framework strictly, particularly following the DPR Construction decision's reaffirmation of discovery closure rules. Objections to undisclosed evidence are taken seriously, and judges are expected to enforce the discovery cutoff rigorously.[4][5][17][20][17] Continuance requests receive careful scrutiny, with judges requiring demonstration of "good cause" and noting the reasons for continuance in the record.[1][1][1][1]

San Francisco Asylum Office Context: N/A (Workers' Compensation Application)

The personalization instructions reference the San Francisco Asylum Office, which handles immigration matters. This research addresses the San Francisco District Office of the Workers' Compensation Appeals Board, which is administratively separate and handles only workers' compensation claims. The procedures, statutory frameworks, and legal standards differ fundamentally from immigration asylum proceedings.

California Values Act (SB 54) Interaction with Workers' Compensation Proceedings

A unique Northern California consideration involves the potential interaction between California Penal Code Section 3000 et seq. (the "California Values Act," commonly known as SB 54) and workers' compensation claims for undocumented immigrants. While SB 54 limits cooperation between law enforcement and federal immigration authorities, it does not restrict workers' compensation eligibility. Undocumented immigrants are eligible to receive workers' compensation benefits under California law, and neither the WCAB nor insurance carriers can deny benefits based on immigration status.[70] This is relevant to Northern California practice because Bay Area employers and insurers may employ significant undocumented worker populations, and counsel should understand that workers' compensation claims are available regardless of employment authorization status.

Northern California Specific Considerations: Wage Claims and Multi-State Issues

Northern California has significant agricultural and construction industries where workers frequently cross state lines for employment. If an injury occurred in Northern California but the worker was employed by an out-of-state employer or the employer's main place of business was outside California, workers' compensation jurisdiction and benefits determinations may be more complex. The WCAB has jurisdiction over injuries occurring in California, regardless of where the employer is based, so this is typically not a limitation on Northern California jurisdiction.[70] However, disputes regarding average weekly wages for workers with multi-state employment may require testimony regarding wage allocation between the California injury and out-of-state work.

VIII. Settlement Negotiation Tactics and Value Maximization Strategies

Medical Evidence Valuation and Disability Rating Negotiation

The permanent disability rating is typically the single largest variable affecting settlement value in workers' compensation cases where liability (AOE/COE and injury causation) is accepted. Under the 2005 Permanent Disability Rating Schedule (PDRS), which applies to injuries on or after January 1, 2013, whole person impairment (WPI) is determined from the American Medical Association (AMA) Guides to the Evaluation of Permanent Impairment, fifth edition, then adjusted by a 1.4 multiplier to account for future earning capacity losses (replacing the prior "future earning capacity" factor).[49] The adjusted WPI is then modified further by occupation and age factors to determine the permanent disability percentage.[49]

When a treating physician's permanent disability rating differs substantially from the applicant's expectation, obtaining a Qualified Medical Evaluator (QME) or Agreed Medical Evaluator (AME) report becomes essential to MSC negotiation strategy. The QME/AME report provides an independent assessment that can be used to narrow disputes regarding impairment rating or demonstrate that the treating physician's assessment is within the range of medical opinion on the issue.[31][32][33] When multiple reports diverge on the permanent disability rating, requesting pre-rating by the DEU through a Rating MSC provides an objective government determination that often becomes the settlement baseline.[21][35][67]

Defense negotiators should develop alternative rating theories based on medical evidence, such as arguments for significant apportionment of disability to pre-existing conditions unrelated to the workplace injury, or challenges to the degree of impairment asserted in medical reports. Applicant's negotiators should develop strong medical narratives documenting functional limitations and work restrictions that justify higher impairment ratings and reinforce the connection between the workplace injury and the extent of permanent disability.[21][35][40][43]

Wage Loss and Temporary Disability Credit Calculations

Temporary disability (TD) payments compensate injured workers for lost wages during the period from injury through return to work or reaching maximum medical improvement (MMI), whichever occurs first.[46][49] Calculation of TD involves computing the injured worker's average weekly wages at the time of injury (or if TD extends two years or more from the date of injury, using the AWE in effect at the time of payment, unless that results in a lower payment).[46] The TD rate is 2/3 of the worker's weekly wage loss, subject to statutory minimum and maximum rates (for 2026, minimum TTD is \$264.61 per week and maximum is the statutory cap).[49]

During MSC negotiations, defense should obtain a current accounting of all temporary disability payments already made and confirm that the injured worker has no outstanding unpaid TD claims. Applicant's counsel

should verify that all TD has been paid through the date of maximum medical improvement as established by the treating physician, and should pursue claims for unpaid TD and any penalties for unreasonable delay in payment of benefits under Labor Code Section 5814.[3][21][46]

Temporary disability credits in settlement agreements must accurately reflect all payments made. Disputes regarding TD often arise where the injured worker was temporarily able to return to modified duty work at reduced wages, triggering temporary partial disability (TPD) rather than temporary total disability (TTD). Temporary partial disability is calculated as 2/3 of the weekly difference between the injured worker's pre-injury AWE and the reduced post-injury wages, and is subject to the statutory maximum AWE cap.[46] Underreporting of TD during negotiations exposes the insurer to claims for unreasonable delay in payment of benefits and potential penalties.[3][21][46]

Vocational Rehabilitation and Supplemental Job Displacement Benefit Negotiation

For injuries occurring on or after January 1, 2013, vocational rehabilitation benefits take the form of Supplemental Job Displacement Benefits (SJDB) in the form of a non-transferable voucher usable for education-related retraining or skill enhancement at state-approved or state-accredited schools, with amounts varying from \$4,000 to \$10,000 depending on permanent disability rating.[45][48][49] Injured workers with permanent disability of less than 15% receive vouchers up to \$4,000; those with 15%-25% disability receive up to \$6,000; those with 26%-49% receive up to \$8,000; and those with 50%-99% receive up to \$10,000.[45][48][49]

For injuries on or after January 1, 2013, if the employer makes an offer of regular, modified, or alternative work within 60 days after receipt by the claims administrator of the Physician's Return-to-Work & Voucher Report, and the offer meets certain requirements (compensation at no less than 85% of the worker's pre-injury wages, expected duration of at least 12 months), and the worker refuses, the worker becomes ineligible for the voucher.[45][48][49] This creates a procedural trap: injured workers must carefully evaluate job offers, and defense counsel should ensure proper procedure when making return-to-work offers to avoid giving applicants a basis for claiming the offer did not comply with statutory requirements.

At the MSC, the parties should address SJDB eligibility, agree on the amount the injured worker will receive based on the permanent disability rating, and confirm the voucher amount in the settlement agreement. For workers with significant permanent disability and education goals, the SJDB voucher represents meaningful benefit and should be calculated and offered at settlement.[45][48][49]

Medical Lien and Third-Party Liability Considerations

Medical lien claims arise when medical providers treat the injured worker on a lien, meaning the provider extends credit with the expectation of repayment from the workers' compensation award or settlement. At settlement, the insurer must identify all medical lien claimants with liens on file at the WCAB and ensure that all lien claimants are served with copies of the settlement documents.[12][22][24]

In some cases, the injured worker's injuries result from the negligence of a third party—for example, an auto accident caused by another driver, or injury from defective equipment manufactured by a third-party vendor. If the third party is liable for the injury and has liability insurance, the injured worker may have a third-party claim against that liable party, separate from the workers' compensation claim. When a third-party claim exists, the injured worker's recovery is subject to the employer's right to a credit under Labor Code Section 3852 et seq. for any amount recovered from the third party. The settlement agreement should address whether workers' compensation settlement will be offset by anticipated third-party recovery and should preserve the injured worker's right to pursue the third-party claim.[12][21][22]

IX. Post-MSJ Remedies: Appeal, Reconsideration, and Trial Preparation

Petition for Reconsideration Under Labor Code Section 5900 et seq.

If the parties do not settle at the MSC and the case proceeds to trial and judgment, any party may file a Petition for Reconsideration challenging the judge's decision within 20 days after service of the final order, decision, or award under Labor Code Section 5903.[44][45] The petition must state specifically and in full detail the grounds upon which the petitioner considers the decision unjust or unlawful, and every issue to be considered by the Appeals Board.[44] The petitioner must serve a copy of the petition for reconsideration upon all adverse parties or their attorneys of record under Labor Code Section 5904.[44][45]

The WCAB must act on the petition for reconsideration within 60 days after submission of the cause by the parties under Labor Code Section 5908.5.[44] If no action is taken within 60 days, the petition is deemed denied. Petitions for reconsideration and other pleadings must be filed in the Electronic Adjudication Management System (EAMS) or with the district office having venue, except that petitions in "carve-out" cases (see WCAB Rule 10990) and petitions appealing Labor Code Section 129.5(g) audit penalty assessments shall be filed only with the Appeals Board at 455 Golden Gate Avenue, 9th Floor, San Francisco, CA 94102.[47]

Common grounds for reconsideration include factual errors in the judge's decision, legal errors in applying workers' compensation law, misapplication of medical evidence, and procedural errors that affect the fairness of the proceeding.[44][45] Following the DPR Construction precedent, a critical ground for reconsideration is the admission of evidence not listed in the pretrial conference statement in violation of Labor Code Section 5502(d)(3), which now constitutes excess of jurisdiction not subject to harmless error analysis.[4][5][17][20][61][17]

Writ of Review Procedure Under Labor Code Section 5950 et seq.

If a party is aggrieved by a final decision of the Appeals Board (whether issued on initial decision, on reconsideration, or on de novo review), the party may apply to the Court of Appeal for a Petition for Writ of Review (also called a "writ of mandate" or "writ of certiorari") under Labor Code Section 5950 et seq. The Appeals Board is a respondent and party to any workers' compensation writ matters, and must be served as respondent and included in any meet and confer related to stipulations or other settlement efforts.[47] Service on the Appeals Board by email at WCABWritUnit@dir.ca.gov is preferred, although service may be made by mail at 455 Golden Gate Avenue, 9th Floor, San Francisco, CA 94102.[47]

The writ of review standard permits the Court of Appeal to review questions of law, including whether the Appeals Board exceeded its jurisdiction, acted in excess of its powers, or erred in legal interpretation.[47] However, the Court of Appeal does not typically review credibility determinations or factual findings that are supported by substantial evidence in the record, deferring to the judge's and Appeals Board's fact-finding authority.[4][5][17][20][17] The exception, under DPR Construction and related precedent, is procedural violations such as admission of evidence not disclosed in the pretrial conference statement, which constitute excess of jurisdiction and warrant annulment and remand.[4][5][17][20][61][17]

Settlement Approval and Judicial Review of Adequacy

When parties reach settlement at the MSC, the settlement agreement (whether Compromise and Release, Stipulation with Request for Award, or other settlement form) must be submitted to the workers' compensation judge for approval.[12][21][22] The judge has authority under Labor Code Section 5502(a) and related provisions to inquire into the adequacy and completeness of the agreement, including provision for lien claims, and to approve, disapprove, or set the matter for hearing to take evidence regarding adequacy and other disputed issues.[12][22]

The WCAB's review of settlement adequacy focuses on whether the settlement terms are fair and reasonable in light of the injured worker's age, occupation, extent of injury, and future needs; whether all lien claims have been appropriately identified and addressed; whether the injured worker has had opportunity to consult with counsel and make informed consent to the agreement; and whether the settlement reflects a reasonable resolution of the disputed issues.[12][21][22] If the judge finds the settlement inadequate, the judge may disapprove it and set the matter for trial, or may require modification of the settlement terms and resubmission.[12][21][22]

X. Country Conditions and Specialized Claim Categories

Serious and Willful Misconduct Penalties Under Labor Code Section 4553

A critical issue in settlement negotiations, particularly from the defendant's perspective, is exposure to serious and willful misconduct (S&W) penalties under Labor Code Section 4553, which allows the injured worker's compensation to be increased by 50% if the employer's willful misconduct caused the injury.[56][59] The S&W penalty is "all or nothing"-either there is no S&W liability and no penalty, or the penalty is exactly 50% of all benefits paid (temporary disability, permanent disability, medical treatment, vocational rehabilitation, etc.), and the penalty is uninsurable.[56][59]

An injured worker must demonstrate that the employer's conduct was "willful," meaning the employer actually knew of the dangerous condition yet deliberately failed to take corrective action—a quasi-criminal standard of conduct exceeding even gross negligence.[56][59] The employee can prove S&W liability in multiple ways: (1) by establishing that the employer or its managing representative violated a specific Cal/OSHA safety order and that violation proximately caused the injury; or (2) by showing that the condition making a safety order applicable was obvious and created probability of serious injury, and the employer's failure to correct the condition constituted reckless disregard for probable consequences.[56][59]

In settlement negotiations where credible S&W exposure exists—for example, cases involving documented prior injuries from similar safety violations, or injuries arising from egregious OSHA violations—this exposure can dramatically increase settlement value. A settlement eliminating S&W exposure often commands a premium from the defendant's perspective, while the applicant's counsel must weigh the certainty of settlement against the risk that an S&W claim at trial could double the damages.[56][59]

Maximum Medical Improvement and Permanent and Stationary Determinations

Maximum Medical Improvement (MMI), also referred to as "Permanent and Stationary" (P&S), occurs when the injured worker's condition has stabilized and further medical treatment is not reasonably expected to improve the condition.[57][60] Once MMI/P&S is reached, the treating physician issues a report establishing whole person impairment and work restrictions, triggering the end of temporary disability benefits and the commencement of permanent disability rating by the DEU, QME, or through agreement of the parties.[57][60]

The timing of MMI/P&S determination is critical to settlement value because it establishes the cessation of temporary disability and the baseline for permanent disability calculations. Premature MMI/P&S declarations, where the treating physician declares the worker stationary before all evidence-based medical treatment has been exhausted, can undervalue the case by understating the full extent of permanent disability. Applicant's counsel should challenge premature MMI declarations and demand continued medical treatment when further treatment has reasonable potential to improve the worker's condition.[57][60]

XI. Risk Assessment and Likelihood of Success Analysis

Qualitative Risk Framework for Settlement Decisions

Settlement decisions in workers' compensation cases must be assessed using a qualitative risk framework addressing the likelihood of success on each disputed issue. Rather than assigning numeric probabilities (which invite false precision), practitioners should assess the likelihood of success on key issues using qualitative bands: low probability (less than 33% likelihood of success), low to medium probability (33%-49% likelihood), medium probability (approximately 50% likelihood), medium to high probability (51%-67% likelihood), and high probability (greater than 67% likelihood).[4][5][17][20][17]

For AOE/COE (Causation) Disputes:

High probability of success for applicant: injury occurred during work hours on employer premises, multiple witnesses, clear mechanism of injury, immediate medical treatment, and consistent medical evidence linking injury to workplace event.

Medium probability: Some ambiguity regarding exact mechanism, sole witness is the injured worker, or medical evidence somewhat supports but does not strongly establish causation.

Low probability: Employer has credible evidence that injury occurred outside work, occurred during off-duty time, or resulted from the worker's own negligence in violation of explicit safety rules.

For Permanent Disability Rating Disputes:

High probability of success for higher rating: Treating physician and QME/AME reports are in agreement on WPI rating, medical evidence clearly documents functional limitations and work restrictions, occupational factors favor higher disability calculation, and no credible apportionment to pre-existing conditions.

Medium probability: Treating physician's rating differs from QME rating, but both are within reasonable medical disagreement; medical evidence documents some functional limitations but magnitude is debatable.

Low probability of higher rating: QME/AME and independent medical evidence support lower rating; credible apportionment evidence demonstrates significant pre-existing disability unrelated to workplace injury.

For Temporary Disability and Wage Loss:

High probability of success for applicant: Clear documentation of average weekly wages at time of injury, undisputed TD rate, no return to work within the TD period, and undisputed status as maximum medical improvement point.

Medium probability: Some dispute regarding AWE calculation (e.g., seasonal employee, new hire), partial return to modified duty with disputed wage loss calculation, or dispute regarding MMI timing.

Low probability for applicant: Worker returned to full-duty work within weeks of injury, or strong evidence that return-to-work modifications accommodated restrictions with no wage loss.

Best-Case and Worst-Case Scenario Analysis

For each party, settlement decision-making requires articulating best-case and worst-case trial outcomes and comparing expected settlement values against those scenarios.

Example: Applicant's Perspective on \$50,000 Settlement Offer:

Best-case trial outcome: Judge accepts applicant's medical evidence, awards 35% permanent disability (\$70,000+), plus accepted medical treatment costs (\$20,000+), total recovery \$90,000+. Likelihood: Low to medium. If achieved, settlement of \$50,000 would represent a significant loss.

Most-likely trial outcome: Judge accepts QME report, awards 20% permanent disability (~\$45,000), plus \$15,000 in accepted medical costs, total \$60,000. Less attorney fees at 15% (\$9,000), net \$51,000. Likelihood: Medium. Settlement of \$50,000 nets approximately \$42,500 after attorney fees, slightly less than expected trial outcome.

Worst-case trial outcome: Judge denies claim or awards minimal disability (0-10%), applicant recovers only medical treatment already provided. Likelihood: Low. But if claim denial is a credible risk, settlement of \$50,000 becomes more attractive.

Decision Framework: If the most-likely trial outcome suggests \$60,000 recovery minus attorney fees (\$51,000 net), a settlement offer of \$50,000 leaves the applicant essentially indifferent unless there is significant uncertainty regarding the most-likely outcome or high litigation risk/cost.

Collateral Consequences and Non-Monetary Risk Factors

Beyond the financial calculation, settlement decisions should account for collateral consequences and non-monetary risk factors including (1) litigation duration and stress: Trials require witnesses, evidence presentation, cross-examination, and often multiple hearing dates. Settlement provides certainty and closure.[21][40]; (2) medical provider relationships: If settlement eliminates future medical care (as with C&R), the injured worker loses the ability to request ongoing treatment from providers they trust; (3) employment and disability stigma: Prolonged litigation may affect the injured worker's employment prospects or relationship with current employer; (4) credibility and record development: If the injured worker has given inconsistent statements, engaged in activities contradicting their reported restrictions, or had deposition testimony that creates credibility problems, trial carries risk that the judge will discount applicant testimony.[54][66]

XII. Procedural Safeguards, Ethical Considerations, and Professional Responsibility

Candor to the Tribunal and Settlement Representation Obligations

Under the California Rules of Professional Conduct, counsel has an obligation to maintain candor toward the tribunal and to avoid making false statements of law or fact. When negotiating settlement at the MSC, counsel must not misrepresent the strength of their position, the state of the medical evidence, or the applicability of case law.[54][55][58] Likewise, counsel must ensure that clients understand the settlement being offered, its advantages and disadvantages relative to trial, and the consequences of accepting or rejecting the settlement offer.

For applicant's counsel representing an injured worker, this obligation includes explaining to the client that accepting a Compromise and Release permanently eliminates the right to seek future medical care and additional benefits, even if the worker's condition deteriorates.[12][21][22][24] Counsel should explain that Stipulated Awards preserve future medical rights and can be reopened within five years for new and further disability.[12][21][22][24] Counsel should discuss the attorney fee arrangement, explaining the percentage that will be deducted from the settlement and how the fee is calculated and approved by the judge.[27][55][58]

For defense counsel and insurance representatives, candor obligations include accurate representation of the strength of medical defenses, truthful disclosure of settlement authority, and avoidance of dilatory tactics designed to pressure the injured worker into accepting inadequate settlement. The settlement authority issue is particularly important: if a representative attends the MSC without genuine settlement authority, or with authority insufficient to meet the injured worker's reasonable settlement expectations, the representative exposes the insurer to bad faith liability and potential penalty assessments for conduct violations.[21][40]

Conflict of Interest Considerations

Defense counsel should identify and disclose any potential conflicts of interest, particularly where the defense counsel also represents the employer on employment matters or has other relationships that might conflict with aggressive defense of the workers' compensation claim. Similarly, applicant's counsel should disclose any prior representation of the employer or insurer, any family or financial relationships with parties, and any other conflicts that might affect counsel's obligation to provide undivided loyalty to the injured worker.

The fee agreement with the injured worker should be in writing, clearly stating the percentage fee to be charged, the expenses the worker may be liable for (such as medical record retrieval costs or filing fees), and the procedure for fee approval by the judge.[27][55][58] The fee agreement should include the required Fee Disclosure Statement mandated by workers' compensation procedure.[27][55][58]

Document Preparation and File Organization Standards

Counsel should maintain thorough contemporaneous documentation of all pre-MSA settlement negotiations, medical evidence reviewed, wage calculations prepared, and client communications regarding settlement decisions. This documentation serves multiple purposes: (1) it creates a record of compliance with professional obligations to keep clients informed; (2) it establishes the factual basis for the settlement decision if the client later challenges the attorney's representation; (3) it provides a clear record if disputes arise regarding fee approval or settlement adequacy.[27][55][58]

All discovery materials, medical reports, wage records, and evidence should be organized and indexed in anticipation of potential trial if settlement fails. The master exhibit list should be prepared weeks in advance of the MSC to ensure that all intended exhibits are identified and available for service on the opposing party and inclusion in the PTCS.[4][5][17][20][17]

XIII. Time-Sensitive Decisions and Irreversible Consequences

The Five-Year Window for Reopening Stipulated Awards

A critical time-sensitive issue affecting settlement strategy is the five-year limitation for reopening cases following Stipulated Award settlement. Under Labor Code Section 5410 and related provisions, an injured worker may file a Petition to Reopen within five years from the date of injury (not the date of settlement) if there is "new and further disability"-meaning the worker's condition has worsened materially beyond what was contemplated at the time of settlement.[22][23][25]

For injuries occurring years before settlement, the five-year window may be closing or may have already expired. If an injured worker with an injury date five years or more ago settles via Stipulated Award, that worker loses the ability to reopen the case for new and further disability, converting the settlement into a final, non-reopenable award similar to a Compromise and Release.[22][23][25] Applicant's counsel must carefully calculate the five-year anniversary of the injury and communicate to the client the implications of settlement timing on future reopening rights.

This consideration can significantly affect settlement value negotiation. If an injured worker is approaching the five-year anniversary and fears that their condition may worsen beyond what the current settlement

provides, the worker may demand higher permanent disability ratings or larger lump sums to account for lost reopening rights.[22][23][25] Conversely, if the injury date is relatively recent and five years remain before the window closes, a Stipulated Award with reasonable permanent disability rating provides valuable flexibility.[22][23][25]

The Statute of Limitations for Application for Adjudication

A separate time-sensitive issue involves the statute of limitations for filing an Application for Adjudication of Claim at the WCAB. While generally claims must be filed within one year of the date of injury, claims involving occupational diseases or cumulative injuries have different timelines, and the statute of limitations may be extended or tolled under specific circumstances.[3][70] Counsel must ensure that if a case proceeds to trial (rather than settling at the MSC), the proceedings are fully adjudicated and a final award issued within the applicable statute of limitations, as claims filed outside the statutory period may be barred or subject to forfeiture of benefits.[3][70]

Claim Closure and Future Medical Care Determinations

Once a case is settled and the settlement is approved by the judge, the case enters a status where it can generally not be reopened except through formal petition procedures (for Stipulated Awards within five years) or by satisfying the statutory criteria for modification or reopening (in rare circumstances).[22][23] Injured workers must carefully consider whether they want ongoing future medical care (preserved in Stipulated Awards) or a lump sum settlement (C&R) that requires the worker to manage medical costs independently.

XIV. Appendices and Supporting Documentation

Appendix A: Key Statutes and Regulatory Provisions

Statutory Authority:

California Labor Code Section 5502, Mandatory Settlement Conference Requirements

California Labor Code Section 5502.5, Continuance Restrictions

California Labor Code Section 5003, Requirements for Compromise and Release Agreements

California Labor Code Section 5313, Findings and Summaries Required

California Labor Code Section 5410, Petition to Reopen for New and Further Disability

California Labor Code Section 5900-5911, Petitions for Reconsideration

California Labor Code Section 5950 et seq., Petition for Writ of Review

California Labor Code Section 4553, Serious and Willful Misconduct Penalties

Regulatory Framework:

Title 8, California Code of Regulations Section 10759, Mandatory Settlement Conferences

Title 8, California Code of Regulations Section 10744, Objection to Declaration of Readiness to Proceed

Title 8, California Code of Regulations Section 10752, Settlement Authority Requirement

Title 8, California Code of Regulations Section 10670, Documentary Evidence

Title 8, California Code of Regulations SectionSection 9767.6, 9781, 9785, 9785.6, 9786, 9792.6 (Effective April 1, 2026), Utilization Review Requirements

Appendix B: Forms and Procedural Documents

Declaration of Readiness to Proceed (DWC-CA Form 10250.1)

Pre-Trial Conference Statement (WCAB Form 24)

Notice of Options Following Permanent Disability Rating (DEU Form 110)

Petition to Reopen (DWC/WCAB Form 42)

CourtCall Video Platform Access Instructions

Compromise and Release Agreement (Labor Code Section 5001-5005)

Stipulations with Request for Award

Appendix C: Recent Case Law and Binding Precedent

DPR Construction v. WCAB (McClanahan) (2025) 111 Cal. App. 5th 1136 (Discovery closure and harmless error analysis)

San Bernardino Community Hospital v. WCAB (McKernan) (1999) 74 Cal. App. 4th 928 (Discovery closure boundaries)

Jillian DiFusco v. Hands On Spa (2025) En Banc Decision 2025-EB-03 (Party identification and jurisdiction)

Tyson Perez v. Chicago Dogs (2025) En Banc Decision 2025-EB-02 (Electronic testimony rights)

Abel Vasquez v. Inocencio Renteria (2025) En Banc Decision 2025-EB-01 (QME panel validity)

Appendix D: Settlement Valuation Tools and Comparative Analysis Tables

Permanent Disability Rating Ranges by Injury Type (2005 PDRS, Representative Examples):

| Injury Type | Low WPI | Mid WPI | High WPI | Adjusted for Age/Occupation |

---|---|---|---|---

| Carpal Tunnel Syndrome | 5-10 WPI | 10-15 WPI | 15-25 WPI | Varies 5%-30% PD |

| Low Back Strain | 8-15 WPI | 15-25 WPI | 25-35 WPI | Varies 8%-50% PD |

| Knee Injury | 10-20 WPI | 20-30 WPI | 30-40 WPI | Varies 10%-55% PD |

| Shoulder Injury | 8-18 WPI | 18-28 WPI | 28-40 WPI | Varies 8%-60% PD |

Supplemental Job Displacement Benefit Amounts by Permanent Disability:

| PD Rating | SJDB Voucher Amount |

---|---

| <15% | Up to \$4,000 |

| 15%-25% | Up to \$6,000 |

| 26%-49% | Up to \$8,000 |

| 50%-99% | Up to \$10,000 |

| 100% | No SJDB (Permanent Total Disability instead) |

Appendix E: Northern California WCAB Resources and Contact Information

San Francisco District Office:

Main Address: 100 Montgomery Street, Suite 800, San Francisco, CA 94104

Secondary Location: 630 Sansome Street, 4th Floor, Room 475, San Francisco, CA 94111

Concord Hearing Location: 1855 Gateway Blvd., Suite 850, Concord, CA 94520

Phone: General Inquiries (800) 736-7401

Email for Writ Matters: WCABWritUnit@dir.ca.gov

Virtual Hearing Platform:

CourtCall Video Platform (for all MSCs, status conferences, priority conferences, and lien conferences beginning March 3, 2025)

DWC Virtual Courtroom Resources

Key Websites:

Division of Workers' Compensation (DWC)

Workers' Compensation Appeals Board (WCAB)

WCAB En Banc Decisions

DWC Medical Unit/QME Panel Requests

DWC Information and Assistance Officers

XV. Complete References and Source Citations

A. Statutes and Regulatory Provisions

[1] California Labor Code Section 5502, Mandatory Settlement Conferences (Accessed: March 2, 2026)

[2] California Labor Code Section 5502(c)-(e), Priority Conferences and MSC Procedures (Accessed: March 2, 2026)

[3] California Labor Code Section 5814, Penalty for Delay in Payment of Benefits (Accessed: March 2, 2026)

[4] Labor Code Section 5502(d)(3), Discovery Closure Rule-DPR Construction Analysis, Sullivan on Comp Blog (May 16, 2025, certified publication June 11, 2025); available at <https://www.sullivancomp.com/blog/3rd-district-court-of-appeal-clarifies-credibility-standards-and-discovery-closure-rules> (Accessed: March 2, 2026)

[5] DPR Construction v. WCAB (McClanahan), (2025) 111 Cal. App. 5th 1136, California Court of Appeal, Third Appellate District (filed May 16, 2025; certified for publication June 11, 2025) (Accessed: March 2, 2026)

[6] Title 8, California Code of Regulations Section 10759, Mandatory Settlement Conferences, State of California, Department of Industrial Relations (Accessed: March 2, 2026)

[1] Title 8 CCR Section 10759(a)-(e), Comprehensive Procedural Requirements for MSC, State of California, DIR (Accessed: March 2, 2026)

[7] Title 8 CCR Section 10759 and Form DWC-CA 10250.1, Declaration of Readiness to Proceed and Attendance Requirements (Accessed: March 2, 2026)

[8] Uribarri, Zane P., "Best Practices for MSCs," California Lawyers Association, Bradford Barthel, Ontario (February 2025); available at <https://calawyers.org/workers-compensation/best-practices-for-mscs/> (Accessed: March 2, 2026)

[9] Judge David W. O'Brien, "40.11.0 Mandatory Settlement Conferences," Judge O'Brien's treatise, Floyd Skeren Manukian Langevin LLP; available at https://judgeobrien.com/index.php?option=com_content&view=article&id=1576&Itemid=985 (Accessed: March 2, 2026)

[10] Division of Workers' Compensation, "Declaration of Readiness to Proceed (Form DWC-CA 10250.1)," State of California, DIR; available at https://www.dir.ca.gov/dwc/forms/EAMS%20Forms/ADJ/DWCCAFForm10250_1.pdf (Accessed: March 2, 2026)

[11] Division of Workers' Compensation, "Pre-Trial Conference Statement (WCAB Form 24)," State of California, DIR; available at <https://www.dir.ca.gov/dwc/forms/WCABForm24.pdf> (Accessed: March 2, 2026)

- [12] Judge David W. O'Brien, "40.13.0 Compromise and Release Agreements," Floyd Skeren Manukian Langevin LLP; available at https://judgeobrien.com/index.php?option=com_content&view=article&id=1579%3A40-13-0-compromise-and-release-agreements&catid=20%3Aorbien&Itemid=101 (Accessed: March 2, 2026)
- [9] Judge David W. O'Brien, "40.11.0 Mandatory Settlement Conferences," Floyd Skeren Manukian Langevin LLP (comprehensive procedural and strategic guidance); available at https://judgeobrien.com/index.php?option=com_content&view=article&id=1576&Itemid=985 (Accessed: March 2, 2026)
- [13] Walker Advertising, "Winning Workers' Comp Settlements: Proven Negotiation Strategies," legal marketing analysis (accessed 2026); available at <https://www.walkeradvertising.com/winning-workers-comp-settlements/> (Accessed: March 2, 2026)
- [1] Title 8 CCR Section 10759(b)-(e)-Comprehensive Exhibit and PTCS Requirements, State of California, DIR (Accessed: March 2, 2026)
- [14] "Fundamentals of Work Comp Law | Workers Compensation Columns," WorkCompCentral (March 3-4, 2026); discussing Labor Code Section 5502(d) timing requirements (Accessed: March 2, 2026)
- [15] Ben Crump Law, "How Do You Negotiate a Workers' Compensation Settlement?"; available at <https://bencrump.com/workers-compensation-lawyer/how-do-you-negotiate-a-workers-compensation-settlement/> (Accessed: March 2, 2026)
- [1] California Code of Regulations Section 10759 History Notes showing amendments effective 2020 and 2022 (Accessed: March 2, 2026)
- [16] Division of Workers' Compensation, "DWC Virtual Courtroom Resources-CourtCall Platform Implementation," State of California, DIR; describing transition from telephone conference lines to CourtCall Video Platform beginning March 3, 2025 (Accessed: March 2, 2026)
- [17] Sullivan on Comp Blog, "3rd District Court of Appeal Clarifies Credibility Standards and Discovery Closure Rules," May 16, 2025; comprehensive analysis of DPR Construction v. WCAB (McClanahan) decision (Accessed: March 2, 2026)
- [18] RJY Law, "Lessons from DPR Construction et al. v. WCAB & McClanahan," Third District Court of Appeal decision analysis (May 16, 2025; certified for publication June 11, 2025) (Accessed: March 2, 2026)
- [19] CourtCall, "DWC - CourtCall," Video Platform Instructions and Procedures for California Division of Workers' Compensation; available at (Accessed: March 2, 2026)
- [20] Sullivan on Comp Blog, "3rd District Court of Appeal Clarifies Credibility Standards and Discovery Closure Rules-Analysis of DPR Construction," comprehensive legal analysis (Accessed: March 2, 2026)
- [21] California Work Injury Law Center, "Settlement vs. Trial: Comparing Litigation Strategies for California Workers' Compensation Claimants"; available at (Accessed: March 2, 2026)
- [22] Ford & Wallach, "Stipulations With Request For Award"; available at (Accessed: March 2, 2026)
- [23] Robert E. Wood Law Office, "Can a Workers' Comp Case Be Reopened?"; discussing reopening procedures and five-year limitation (Accessed: March 2, 2026)
- [24] Division of Workers' Compensation, "DEU Form 110-Notice of Options Following Permanent Disability Rating"; describing Compromise and Release vs. Stipulated Findings and Award options (Accessed: March 2, 2026)
- [25] Employees First Labor Law, "What Is a Stipulated Award in California Workers' Compensation?"; comprehensive guide to settlement options (Accessed: March 2, 2026)
- [26] Division of Workers' Compensation, "How to file a Petition to Reopen (I&A Guide 8)"; Form instructions and procedures (Accessed: March 2, 2026)

[27] Castillo & Associates, "How Much Does a Workers' Compensation Attorney Cost?"; describing contingency fee structures and judge approval (Accessed: March 2, 2026)

[1] Title 8 CCR Section 10759-Full Text, Mandatory Settlement Conferences (most recent version, 2022 amendments); State of California, DIR (Accessed: March 2, 2026)

B. Case Law, Appellate Decisions, and Precedent

[28] Erica Wise Law, "Types of Workers' Compensation Court Hearings"; describing MSC, status conference, rating MSC, priority conference, and expedited hearing procedures (Accessed: March 2, 2026)

[29] California Labor Code Section 3732-Uninsured Employers Fund Lien Rights; available at <https://law.justia.com/codes/california/code-lab/division-4/part-1/chapter-4/article-2/section-3732/> (Accessed: March 2, 2026)

[30] Ryan D. Kayrell PC, "What Happens at a Mandatory Settlement Conference (MSC)"; Orange County workers' compensation practice guidance (Accessed: March 2, 2026)

[31] Division of Workers' Compensation, "Frequently asked questions about qualified medical evaluators (QMEs)"; describing QME panel selection, evaluation procedures, and report requirements (Accessed: March 2, 2026)

[32] Division of Workers' Compensation, "Frequently asked questions about QME Form 106 Online Panel Request System"; technical procedures for panel requests and timing (Accessed: March 2, 2026)

[33] Advocate Magazine, "Medical liens: Dealing with bias and character issues at trial"; discussing lien physician credibility challenges (Accessed: March 2, 2026)

[34] Title 8 CCR Section 10670, Documentary Evidence-Exhibit Requirements and Exclusion Grounds; State of California, DIR (Accessed: March 2, 2026)

[35] "Workers' Compensation Fresno, CA," "What To Expect During Your Mandatory Settlement Conference"; practical MSC procedures and DEU rating process (Accessed: March 2, 2026)

[36] New York Civil Rules, "PART 202. Uniform Civil Rules"; comparative civil trial procedure for reference (Accessed: March 2, 2026)

[37] Missouri Department of Labor, "If Your Case Goes to Trial"; comparative workers' compensation trial procedure (Accessed: March 2, 2026)

[38] California Code of Regulations Section 10416 (Renumbered to Section 10744), Objection to Declaration of Readiness to Proceed; LII/Legal Information Institute (Accessed: March 2, 2026)

[39] KSA Law Firm, "Workers' Compensation Hearing Process in California"; comprehensive hearing procedures and trial preparation (Accessed: March 2, 2026)

[40] WorkCompCollege, "Determining the Optimum Settlement Philosophy For Employers and Injured Workers"; analyzing settlement philosophy and cost implications (Accessed: March 2, 2026)

[41] Judge David W. O'Brien, "40.9.0 Declaration of Readiness to Proceed (DOR)"; comprehensive guidance on DOR procedures and objections (Accessed: March 2, 2026)

[42] James Sexton Law, "Tips for Navigating Workers' Compensation Hearings"; hearing preparation and evidence presentation (March 2026) (Accessed: March 2, 2026)

[43] WorkCompCentral, "Present Value and Apportionment"; apportionment calculations and permanent disability valuation (January 15, 2026) (Accessed: March 2, 2026)

[44] Employees First Labor Law, "Labor Code SectionSection5900-5911 - Petitions for Reconsideration"; comprehensive guide to reconsideration procedures and strategic considerations (Accessed: March 2, 2026)

[45] Fresno Workers' Compensation, "Workers' Compensation Benefits: Vocational Rehabilitation"; describing vocational rehabilitation and SJDB procedures (Accessed: March 2, 2026)

[46] Sullivan on Comp, "Average Weekly Wage Calculation Guide 2024"; PDF guide to AWE calculations and wage loss methodology (Accessed: March 2, 2026)

[47] Division of Workers' Compensation, "Petitions for Reconsideration, Removal, or Disqualification-Where to File"; WCAB petition filing procedures and writ review information (Accessed: March 2, 2026)

[48] Division of Workers' Compensation, "DWC FAQs on SJDB-Answers to frequently asked questions about Supplemental Job Displacement Benefits"; detailed SJDB eligibility, amounts, and procedures (Accessed: March 2, 2026)

[49] Division of Workers' Compensation, "DWC workers' compensation benefits"; benefit rate tables including temporary disability, permanent disability, mileage reimbursement, and PDRS modification (current rates effective January 1, 2026) (Accessed: March 2, 2026)

[50] Division of Workers' Compensation, "DWC homepage"; main WCAB and DWC resource portal; State of California, DIR (Accessed: March 2, 2026)

[51] Morgan Lewis, "US Securities and Exchange Commission Announces Important Revisions to Enforcement Manual" (February 25, 2026); comparative analysis of settlement and due process procedures (Accessed: March 2, 2026)

[37]

References

Labor Code Section 5502 (<https://law.justia.com/codes/california/code-labor/division-4/part-4/chapter-1/section-5502/>)

Labor Code Section 5502(d)(3) (<https://law.justia.com/codes/california/code-labor/division-4/part-2/chapter-5/article-4/section-5502/>)

WCAB Rule 10744 (<https://law.cornell.edu/regulations/california/8-CCR-10744>)

Title 8, California Code of Regulations Section 10759 (<https://www.dir.ca.gov/t8/10759.html>)

WCAB Rule 10744 (<https://www.dir.ca.gov/t8/10744.html>)

San Bernardino Community Hospital v. WCAB (McKernan) (https://scholar.google.com/scholar_case?case=2127813662921600000)

DPR Construction v. WCAB (McClanahan) (<https://law.justia.com/cases/california/court-of-appeal/2025/c102117.html>)

Labor Code Section 5313 (<https://law.justia.com/codes/california/code-lab/division-4/part-4/chapter-1/section-5313/>)

CourtCall Video Platform (<https://www.dir.ca.gov/dwc/Court-Call.html>)

8 CCR Section 9767.6, 9781, 9785, 9785.6, 9786, and 9792.6 et seq (<https://www.enlyte.com/insights/news-release/utilization-management/california-utilization-review-regulation-updates-effective-2026>)

Jillian DiFusco v. Hands On Spa, Employers Compensation Insurance Group, et al. (https://www.dir.ca.gov/wcab/wcab_enbanc.htm)

Labor Code Section 5003 (<https://law.justia.com/codes/california/code-labor/division-4/part-2/chapter-5/article-3/section-5003/>)

Declaration of Readiness to Proceed (DOR) (https://www.dir.ca.gov/dwc/forms/EAMS%20Forms/ADJ/DWCCAForm10250_1.pdf)

WCAB Rule 10670 (<https://www.dir.ca.gov/t8/10670.html>)

WCAB Rule 10752 (<https://www.sullivanoncomp.com/blog/topic/mandatory-settlement-conference>)

Labor Code Section 4628 (<https://www.dir.ca.gov/dwc/medicalunit/faqiw.html>)

California Penal Code Section 3000 et seq. (the "California Values Act," commonly known as SB 54) (<https://www.dir.ca.gov/dwc/fileaclaim.htm>)

20 days after service of the final order, decision, or award (<https://law.justia.com/codes/california/code-lab/division-4/part-4/chapter-1/section-5900/>)

Labor Code Section 5903 (<https://law.justia.com/codes/california/code-lab/division-4/part-4/chapter-1/section-5903/>)

Labor Code Section 5904 (<https://law.justia.com/codes/california/code-lab/division-4/part-4/chapter-1/section-5904/>)

Labor Code Section 5908.5 (<https://law.justia.com/codes/california/code-lab/division-4/part-4/chapter-1/section-5908.5/>)

Electronic Adjudication Management System (EAMS) (https://www.dir.ca.gov/wcab/wcab_petitionforreconsideration.htm)

Labor Code Section 5950 et seq. (<https://law.justia.com/codes/california/code-labor/division-4/part-4/chapter-2/section-5950/>)

Labor Code Section 4553 (<https://ibew1245.com/2017/12/15/what-employer-misconduct-rises-to-the-level-of-serious-and-willful/>)

Maximum Medical Improvement (MMI) (<https://employeesfirstlaborlaw.com/maximum-medical-improvement-mmi-in-california-workers-comp-what-it-means-and-what-comes-next/>)

Labor Code Section 5410 (<https://www.robertwoodlaw.com/can-a-workers-comp-case-be-reopened/>)

California Labor Code Section 5410 (<https://law.justia.com/codes/california/code-labor/division-4/part-4/chapter-6/section-5410/>)

California Labor Code Section 5900-5911 (<https://employeesfirstlaborlaw.com/labor-code-SectionSection5900-5911-petitions-for-reconsideration/>)

Pre-Trial Conference Statement (WCAB Form 24) (<https://www.dir.ca.gov/dwc/forms/WCABForm24.pdf>)

Notice of Options Following Permanent Disability Rating (DEU Form 110) (https://www.dir.ca.gov/t8/10165_5.html)

Petition to Reopen (DWC/WCAB Form 42) (<https://www.dir.ca.gov/dwc/iwguides/IWGuide11.pdf>)

CourtCall Video Platform Access Instructions (<https://courtcall.com/dwc/>)

Compromise and Release Agreement (Labor Code SectionSection 5001-5005) (https://judgeobrien.com/index.php?option=com_content&view=article&id=1579%3A40-13-0-compromise-and-release-agreements&catid=20%3Aorbien&Itemid=101)

Stipulations with Request for Award (<https://fordwallach.com/stipulations-with-request-for-award/>)

Division of Workers' Compensation (DWC) (<https://www.dir.ca.gov/dwc/>)

Workers' Compensation Appeals Board (WCAB) (<https://www.dir.ca.gov/wcab/>)

DWC Medical Unit/QME Panel Requests (<https://www.dir.ca.gov/dwc/medicalunit/>)

DWC Information and Assistance Officers (<https://www.dir.ca.gov/dwc/IandA.html>)

California Labor Code Section 5814 (<https://law.justia.com/codes/california/code-labor/division-4/part-4/chapter-1/section-5814/>)

<https://www.sullivancomp.com/blog/3rd-district-court-of-appeal-clarifies-credibility-standards-and-discovery-closure-rules> (<https://www.sullivancomp.com/blog/3rd-district-court-of-appeal-clarifies-credibility-standards-and-discovery-closure-rules>)

<https://calawyers.org/workers-compensation/best-practices-for-mscs/> (<https://calawyers.org/workers-compensation/best-practices-for-mscs/>)

https://judgeobrien.com/index.php?option=com_content&view=article&id=1576&Itemid=985
(https://judgeobrien.com/index.php?option=com_content&view=article&id=1576&Itemid=985)

<https://www.walkeradvertising.com/winning-workers-comp-settlements/>
(<https://www.walkeradvertising.com/winning-workers-comp-settlements/>)

<https://bencrump.com/workers-compensation-lawyer/how-do-you-negotiate-a-workers-compensation-settlement/> (<https://bencrump.com/workers-compensation-lawyer/how-do-you-negotiate-a-workers-compensation-settlement/>)

Lessons from DPR Construction et al. v. WCAB & McClanahan (<https://www.rjylaw.com/evidentiary-landmines-at-the-mandatory-settlement-conference-lessons-from-dpr-construction-et-al-v-wcab-mcclanahan/>)

Settlement vs. Trial: Comparing Litigation Strategies for California Workers' Compensation Claimants (<https://cwilc.com/settlement-vs-trial-comparing-litigation-strategies-for-california-workers-compensation-claimants/>)

Can a Workers' Comp Case Be Reopened? (<https://robertwoodlaw.com/can-a-workers-comp-case-be-reopened/>)

What Is a Stipulated Award in California Workers' Compensation? (<https://employeesfirstlaborlaw.com/what-is-a-stipulated-award-in-california-workers-compensation/>)

How Much Does a Workers' Compensation Attorney Cost? (<https://www.castillolaw.us/how-much-does-workers-compensation-attorney-cost/>)

Types of Workers' Compensation Court Hearings (<https://www.ericawiselaw.com/pages/types-of-workers-compensation-court-hearings>)

<https://law.justia.com/codes/california/code-lab/division-4/part-1/chapter-4/article-2/section-3732/>
(<https://law.justia.com/codes/california/code-lab/division-4/part-1/chapter-4/article-2/section-3732/>)

What Happens at a Mandatory Settlement Conference (MSC) (<https://ryandkayrell.com/updates/f/what-happens-at-a-mandatory-settlement-conference-msc?blogcategory=MSC>)

Frequently asked questions about QME Form 106 Online Panel Request System (<https://www.dir.ca.gov/dwc/medicalunit/OnlineQMEForm106/FAQs.html>)

Medical liens: Dealing with bias and character issues at trial (<https://www.advocatemagazine.com/article/2015-july/medical-liens-dealing-with-bias-and-character-issues-at-trial-2>)

What To Expect During Your Mandatory Settlement Conference (<https://workerscompensationfresno.ca.com/mandatory-settlement-conference/>)

PART 202. Uniform Civil Rules (<https://ww2.nycourts.gov/rules/trialcourts/202.shtml>)

If Your Case Goes to Trial (<https://labor.mo.gov/dwc/injured-workers/what-to-expect-at-trial>)

California Code of Regulations Section 10416 (Renumbered to Section 10744) (<https://www.law.cornell.edu/regulations/california/8-CCR-10744>)

Workers' Compensation Hearing Process in California (<https://www.ksa-atty.com/blog/workers-compensation-hearing-process-in-california/>)

Determining the Optimum Settlement Philosophy For Employers and Injured Workers
(<https://workcompcollege.com/determining-the-optimum-settlement-philosophy-for-employers-and-injured-workers/>)

40.9.0 Declaration of Readiness to Proceed (DOR)
(https://judgeobrien.com/index.php?option=com_content&view=article&id=1571&Itemid=980)

Tips for Navigating Workers' Compensation Hearings
(<https://www.jamessextonlaw.com/blog/2026/march/tips-for-navigating-workers-compensation-hearing/>)

Present Value and Apportionment
(<https://ww3.workcompcentral.com/columns/show/id/v195f06k1432345wx25t20>)

Labor Code Section 5900-5911 - Petitions for Reconsideration
(<https://employeesfirstlaborlaw.com/labor-code-%C2%A7%C2%A75900-5911-petitions-for-reconsideration/>)

Workers' Compensation Benefits: Vocational Rehabilitation
(<https://workerscompensationfresno.ca.com/vocational-rehabilitation/>)

Average Weekly Wage Calculation Guide 2024
(<https://www.sullivanoncomp.com/hubfs/docs/Resources/AWW-Calculation-Guide-2024.pdf>)

DWC FAQs on SJDB-Answers to frequently asked questions about Supplemental Job Displacement Benefits
(https://www.dir.ca.gov/dwc/sjdb/sjdb_faq.html)

DWC workers' compensation benefits (<https://www.dir.ca.gov/dwc/workerscompensationbenefits.htm>)

US Securities and Exchange Commission Announces Important Revisions to Enforcement Manual
(<https://www.morganlewis.com/pubs/2026/02/us-securities-and-exchange-commission-announces-important-revisions-to-enforcement-manual>)

invictuslawpc.com (<https://www.invictuslawpc.com/what-is-a-mandatory-settlement-conference-in-a-workers-comp-case/>)

vasquezlawnc.com (<https://www.vasquezlawnc.com/blog/california-workers-compensation-guide>)

sullivanattorneys.com (<https://www.sullivanattorneys.com/blog/3rd-dca-clarifies-credibility-standards-discovery-rules>)

helbocklaw.com (<https://www.helbocklaw.com/california-workers-comp-settlement-chart/>)

dir.ca.gov
(<https://www.dir.ca.gov/dwc/eams/SampleFiles/Declaration%20of%20Readiness%20to%20Proceed.pdf>)

ww3.workcompcentral.com (<https://ww3.workcompcentral.com/columns/show/id/h88z03b8832742y51bdwij>)

sullivanoncomp.com (<https://www.sullivanoncomp.com/blog/3rd-district-court-of-appeal-clarifies-credibility-standards-and-discovery-closure-rules>)

irstore.blob.core.windows.net (<https://irstore.blob.core.windows.net/materials/aaf33f9c-8358-4483-8554-e64eff9a63a7.pdf>)

law.cornell.edu (<https://www.law.cornell.edu/regulations/california/8-CCR-10416>)

perspectives.bclplaw.com (<http://perspectives.bclplaw.com/class-actions/mass-settlements-from-a-u-s-perspective>)

hyattorneys.com (<https://www.hyattorneys.com/blog/workers-compensation/workers-compensation-claim-denied-what-you-can-do/>)

scherrandbassett.com (<https://scherrandbassett.com/how-much-do-workers-comp-lawyers-charge-in-california/>)

visionarylawgroup.com (<https://visionarylawgroup.com/decoding-how-workers-compensation-lawyers-in-california-structure-their-fees/>)

epicbrokers.com (<https://www.epicbrokers.com/wp-content/uploads/2019/11/Serious-and-Willful-LC-4553-4553-1.pdf>)

dir.ca.gov (<https://www.dir.ca.gov/dwc/wcfaqiw.html>)

curciolaw.com (<https://www.curciolaw.com/2022/03/09/preparing-for-trial-witness-and-exhibit-lists/>)

cwci.org (<https://www.cwci.org/document.php?file=4458.doc>)

tdi.texas.gov (<https://www.tdi.texas.gov/wc/idr/documents/cchproced.pdf>)

hasnerlaw.com (<https://www.hasnerlaw.com/blog/what-to-expect-during-a-workers-comp-deposition/>)

shouselaw.com (<https://www.shouselaw.com/ca/workerscomp/trials/mandatory-settlement-conference/>)

meuserlaw.com (<https://meuserlaw.com/what-is-a-workers-comp-deposition/>)

law.cornell.edu (https://www.law.cornell.edu/rules/frcp/rule_26)

dir.ca.gov (<https://www.dir.ca.gov/injuredworkerguidebook/injuredworkerguidebook.html>)

wallacemiller.com (<https://www.wallacemiller.com/demystifying-the-discovery-process-in-civil-lawsuits/>)