

# California Workers' Compensation Division Expedited Hearing Procedures: A Legal Research Report

## (PART-A INJURED WORKERS ANALYSIS)

March 1, 2026

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# CALIFORNIA WORKERS' COMPENSATION EXPEDITED HEARING PROCEDURES

If you were injured at work in California and your employer's insurance company is delaying your medical treatment or cutting off your temporary disability payments, you may be able to get a faster hearing to resolve the problem. This report explains how expedited hearings work, who qualifies, and how to file for one.

An expedited hearing is a special, fast-track court proceeding in the California workers' compensation system. It lets a judge decide urgent disputes—like whether you should receive medical treatment or disability payments—within about 30 days, instead of waiting months for a regular trial. The rules for these hearings come from Cal. Lab. Code § 5502(b) (<https://law.justia.com/codes/california/code-lab/division-4/part-4/chapter-3/section-5502-5/>) and Cal. Code Regs. tit. 8, § 10782 (<https://www.dir.ca.gov/t8/10782.html>).

This report covers the legal basis, eligibility rules, required forms, evidence standards, filing steps, and what to expect at your hearing. It also discusses your rights if you disagree with the judge's decision.

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## Part 1: The Law Behind Expedited Hearings

This section explains the laws and regulations that create the expedited hearing process.

### Where the Law Comes From

The main law authorizing expedited hearings is Cal. Lab. Code § 5502(b) (<https://law.justia.com/codes/california/code-lab/division-4/part-4/chapter-3/section-5502-5/>). This statute gives the Workers' Compensation Appeals Board (WCAB)—the state agency that resolves workers' compensation disputes—the power to hold faster hearings on certain urgent issues.

In 2013, Senate Bill 863 expanded the types of disputes you can bring to an expedited hearing. It also made clear that you can request an expedited hearing even during the first 90 days while your employer investigates whether to accept or deny your claim, for certain issues like medical provider network disputes. Law Offices of DCLBV, "Can I File for an Expedited Hearing?" (2024) (<https://dclbv.com/newsletters/2024/q1/can-i-file-for-an-expedited-hearing/>).

The detailed rules appear in Cal. Code Regs. tit. 8, § 10782 (<https://www.dir.ca.gov/t8/10782.html>). This regulation spells out:

- Which issues qualify for an expedited hearing
- What the judge can do if the case is not right for this type of hearing
- What evidence you must bring on the hearing date

***Important: Unlike a regular trial, you must be fully prepared to present all your evidence—witnesses, documents, and medical reports—on the hearing date itself. There is no opportunity to submit more evidence later.***

### What Issues Qualify

Cal. Lab. Code § 5502(b) (<https://law.justia.com/codes/california/code-lab/division-4/part-4/chapter-3/section-5502-5/>) lists the specific types of disputes you can bring to an expedited hearing:

- Medical treatment disputes — Your right to receive treatment under Cal. Lab. Code § 4600 (<https://law.justia.com/codes/california/code-lab/division-4/part-2/chapter-2/article-2/section-4600/>), such as surgery, an MRI, or a specialist visit that the insurance company denied or delayed
- Temporary disability disputes — Whether you should receive temporary disability (TD) benefits (partial wage payments while you cannot work), or disagreements about the payment amount
- Medical Provider Network (MPN) disputes — Whether you must get treatment from doctors in your employer's approved network
- Multi-employer or multi-carrier disputes — Which employer or insurance company is responsible for paying your benefits when more than one may be liable

The law also includes a general provision allowing expedited hearings for "any other issues requiring an expedited hearing" as the administrative director's rules prescribe. However, the WCAB has interpreted this narrowly. DCLBV, Priority Conferences and Expedited Hearings (2018) (<https://dclbv.com/newsletters/2018/q1/priority-conferences-and-expedited-hearings/>).

***Critical: You cannot use an expedited hearing to challenge a utilization review (UR) denial. UR is the process the insurance company uses to decide if a treatment is medically necessary. If your treatment was denied through UR, you must go through independent medical review (IMR) under Cal. Lab. Code §§ 4610 and 4610.5 (<https://law.justia.com/codes/california/code-lab/division-4/part-2/chapter-2/article-2/section-4610/>) instead.***

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## Part 2: Do You Qualify for an Expedited Hearing?

This section explains the requirements you must meet before you can request an expedited hearing.

### Your Injury Must Be Accepted

A basic requirement is that your employer has accepted your injury as work-related (also called "compensable"). Cal. Code Regs. tit. 8, § 10782(a) (<https://www.dir.ca.gov/t8/10782.html>). This means the employer or insurance company has agreed that your injury happened at work and they are responsible for benefits.

There are limited exceptions to this rule:

- MPN disputes during the 90-day investigation period — In *Kim v. B.C.D. Tofu House, Inc.*, 79 Cal. Comp. Cases 140 (WCAB 2014), the WCAB held that you can request an expedited hearing about whether you must treat within an MPN, even before your employer formally accepts or denies your claim. DCLBV, Expedited Hearing: Enforcing MPN During 90-Day Delay Period (2016) (<https://dclbv.com/newsletters/2016/q2/expedited-hearing-enforcing-mpn-during-90-day-delay-period/>).
- QME panel disputes in denied cases — In *Corado v. Ghodsian*, Cal. Wrk. Comp. P.D. LEXIS 261 (2021), the WCAB indicated judges could hold expedited hearings about Qualified Medical Evaluator (QME) panel requests in unaccepted cases if proper procedures are followed. A QME is a doctor certified by the state to evaluate disputed medical issues in workers' compensation cases. DCLBV (2024) (<https://dclbv.com/newsletters/2024/q1/can-i-file-for-an-expedited-hearing/>).

### You Must Have a Real Dispute

You must show a bona fide dispute—a genuine, legitimate disagreement—about the issue you want the judge to decide. Cal. Code Regs. tit. 8, § 10782 (<https://www.dir.ca.gov/t8/10782.html>). This means more than simply wanting a different outcome. You need facts and evidence showing that you and the insurance company truly disagree about your legal rights.

Examples of a bona fide dispute:

- Your doctor recommended surgery and the insurance company refused to authorize it
- The insurance company stopped your temporary disability payments, but your doctor says you still cannot work
- You and the insurance company disagree about how much your weekly TD payment should be

### You Must Try to Resolve the Problem First

Before filing, you must make specific, genuine, good faith efforts to resolve the dispute. Cal. Lab. Code § 5502(b) (<https://law.justia.com/codes/california/code-lab/division-4/part-4/chapter-3/section-5502-5/>). This means you must try to work things out with the insurance company before asking a judge to intervene.

Good faith efforts include:

- Calling the insurance company to request treatment authorization
- Sending written demands or letters explaining why you are entitled to the benefit
- Following up with emails or phone calls and documenting all responses (or lack of response)
- Attempting settlement discussions

**Important: Keep written records of every communication. Save emails, write down the date, time, and name of every person you speak with, and note what was discussed. If the insurance company challenges your filing, this documentation proves you tried to resolve the issue first. Employees First Labor Law, How to File for an Expedited Hearing (2024) (<https://employeesfirstlaborlaw.com/how-to-file-for-an-expedited-hearing-if-your-workers-comp-treatment-is-unreasonably-delayed/>).**

### Your Investigation Must Be Complete

You must declare under penalty of perjury that discovery is complete on the issues you are bringing to the expedited hearing. DWC Form DWC-CA 10208.3 ([https://www.dir.ca.gov/dwc/FORMS/EAMS%20Forms/ADJ/DWCCAFForm10208\\_3.pdf](https://www.dir.ca.gov/dwc/FORMS/EAMS%20Forms/ADJ/DWCCAFForm10208_3.pdf)). Discovery means the process of gathering evidence, such as medical records, reports, and other documents you need to prove your case.

This does not mean you must have every document that could possibly exist. It means you have gathered everything reasonably needed to address the specific issues at the hearing. Do not declare discovery complete if important evidence is still missing—doing so could give the other side grounds to delay or cancel your hearing.

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### Part 3: How to File Your Request

This section walks you through the forms you need and how to complete them.

#### The Main Form: Declaration of Readiness to Proceed

To request an expedited hearing, you must file Form DWC-CA 10208.3, titled "Declaration of Readiness to Proceed to Expedited Hearing." You can download this form from the California Division of Workers' Compensation (DWC) website ([https://www.dir.ca.gov/dwc/FORMS/EAMS%20Forms/ADJ/DWCCAFForm10208\\_3.pdf](https://www.dir.ca.gov/dwc/FORMS/EAMS%20Forms/ADJ/DWCCAFForm10208_3.pdf)). You must also file an Application for Adjudication of Claim if you have not already done so. DWC Injured Worker Guide 6 (<https://www.dir.ca.gov/dwc/iwguides/IWGuide06.pdf>).

The form, called a Declaration of Readiness (DOR), serves two purposes:

- It formally asks the court to schedule an expedited hearing
- It is your sworn statement, under penalty of perjury (meaning you can face legal consequences for lying), that you meet all the requirements

#### Filling Out the Form Step by Step

1. Enter your EAMS case number (the number assigned to your case in the Electronic Adjudication Management System), your name, your employer's name and address, and the claims administrator's information. Get this information from your existing case documents to make sure everything matches.

2. Select the issues you want the judge to decide. The form provides checkboxes for:

- Medical treatment under Cal. Lab. Code § 4600 (<https://law.justia.com/codes/california/code-lab/division-4/part-2/chapter-2/article-2/section-4600/>) (not including UR or IMR issues)
- Temporary disability benefits or disagreements about TD amounts
- Whether you must treat within an MPN
- Which employer or insurance carrier is responsible for your benefits

3. Describe in detail your good faith efforts to resolve the dispute. Be specific. For example: "On January 15, 2026, I called claims adjuster Jane Smith at ABC Insurance and requested authorization for the MRI recommended by Dr. Lopez. Ms. Smith said she would review the request. I followed up by email on January 22 and January 29. As of February 10, no authorization has been issued."

4. Sign the sworn statements confirming that a bona fide dispute exists, you are ready to proceed, and discovery is complete.

**Important: Only check the boxes for issues that are genuinely in dispute and qualify for an expedited hearing. Checking extra boxes may give the other side a reason to object to your entire request.**

### Serving All Parties

After completing the form, you must serve (deliver) copies to every party in your case. Cal. Code Regs. tit. 8, § 10625 (<https://www.dir.ca.gov/t8/10625.html>). This includes:

- The insurance company or claims administrator
- The employer's attorney (if they have one)
- Any other employers or insurance carriers involved
- Any lien claimants (medical providers or others who have filed claims for payment in your case)

You can serve documents by first-class mail, electronic service, or personal delivery. You must then complete a Proof of Service form (Form DWC-CA 10232.1) and file it with the court. DWC Injured Worker Guide 18 (<https://www.dir.ca.gov/dwc/iwguides/IWGuide18.pdf>). This form proves that you properly delivered all documents to everyone involved.

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## Part 4: What Happens After You File

This section explains the objection process, the judge's authority, and hearing timelines.

### The Other Side Can Object

After you file your DOR, the other parties have 10 days to file an objection. Cal. Code Regs. tit. 8, § 10782 (<https://www.dir.ca.gov/t8/10782.html>); DCLBV (2024) (<https://dclbv.com/newsletters/2024/q1/can-i-file-for-an-expedited-hearing/>). Common reasons they may object include:

- The issue does not qualify for an expedited hearing
- You did not make enough effort to resolve the dispute first
- Your injury has not been accepted as work-related
- Discovery is not complete
- Other legal requirements were not met

If objections are filed, the judge must consider them and let both sides be heard before deciding whether the expedited hearing will proceed. If the judge agrees with the objection, your case may be set for a mandatory settlement conference (MSC)—a less formal meeting where a judge helps the parties try to settle—or a regular status conference instead.

**Note: Even if nobody objects, the judge can raise concerns on their own about whether your case is appropriate for an expedited hearing.**

### The Judge Can Change the Hearing Type

Under Cal. Code Regs. tit. 8, § 10782(c) (<https://www.dir.ca.gov/t8/10782.html>), the judge has authority to redesignate (change) your expedited hearing to a mandatory settlement conference if:

- Questioning of witnesses will take a long time
- Many witnesses need to testify
- The issues are too complex for the expedited format

This means filing for an expedited hearing does not guarantee the hearing will happen in that format. If the judge changes it, your case moves to a regular schedule, which takes longer.

### Timeline: When Will Your Hearing Happen?

The law requires that your expedited hearing be held within 30 days of filing your DOR and Application for Adjudication. Cal. Lab. Code § 5502 (<https://law.justia.com/codes/california/code-lab/division-4/part-4/chapter-3/section-5502-5/>). In practice, many offices schedule hearings within 20–25 business days.

Once scheduled, the DWC sends notice to all parties with the hearing date, time, judge assignment, and location. DWC Hearing Procedures (<https://www.dir.ca.gov/dwc/forms.html>). Many hearings are now held by telephone rather than in person. DWC Virtual Hearings Announcement (2022) (<https://www.dir.ca.gov/DIRNews/2022/2022-05.html>).

**Important: Continuances (postponements) are difficult to get. Cal. Lab. Code § 5502.5 (<https://law.justia.com/codes/california/code-lab/division-4/part-4/chapter-3/section-5502-5/>) says**

**continuances are "not favored" and require a showing of good cause—a legitimate, serious reason. You should prepare to present your case on the scheduled date.**

## Part 5: Preparing Your Evidence

This section explains what evidence you need and how to present it at your hearing.

### You Must Bring Everything to the Hearing

One of the most important differences between an expedited hearing and a regular trial is that you must submit all your evidence on the hearing date. Cal. Code Regs. tit. 8, § 10782(e) (<https://www.dir.ca.gov/t8/10782.html>). The regulation states that parties must "produce all necessary evidence, including witnesses, documents, medical reports, payroll statements and all other matters considered essential in the proof of a party's claim or defense."

There is no second chance to submit additional documents later. You should:

- Organize all documents before the hearing date
- Label evidence clearly (by date, type, or issue)
- Bring copies for the judge, opposing counsel, and yourself
- Be ready to present your case completely in one session

### Medical Evidence

The WCAB strongly prefers written medical reports over live doctor testimony. Erica Wise Law, Types of Workers' Compensation Court Hearings (<https://www.ericawiselaw.com/pages/types-of-workers-compensation-court-hearings>). Written reports are easier for judges to review quickly and create a clear record.

For medical treatment disputes, you should obtain a written report from your treating physician that includes:

- Clinical findings and diagnosis
- The specific treatment recommended
- Why the treatment is medically necessary under Cal. Lab. Code § 4600 (<https://law.justia.com/codes/california/code-lab/division-4/part-2/chapter-2/article-2/section-4600/>) standards (meaning "reasonably required to cure, relieve, or palliate" your work injury)
- The risks of delay or denial of treatment
- Supporting diagnostic test results

### Temporary Disability Evidence

For TD disputes, you should prepare:

- Recent medical reports from your doctor stating you cannot work
- Payroll records showing your wages before injury
- A calculation of your average weekly earnings (AWE)—the average amount you earned per week before your injury
- Your calculated TD rate (usually two-thirds of your AWE, within state minimum and maximum limits)
- Documentation from the insurance company showing when and why TD was terminated or reduced

**Note: State minimum and maximum TD rates change every year. Verify your calculations against the current rates published by the DWC (<https://www.dir.ca.gov/dwc/forms.html>).**

## Part 6: Should You Request an Expedited Hearing?

This section helps you decide whether an expedited hearing is the right choice for your situation.

### When an Expedited Hearing Is a Good Idea

An expedited hearing works well when:

- Your medical treatment has been unreasonably delayed, and waiting for a regular trial could harm your health
- Your doctor has written a clear, strong report supporting the treatment you need
- The insurance company's denial or delay appears unjustified
- You are in financial hardship because your TD payments were stopped
- You already have all the evidence you need
- The legal issue is straightforward
- Your case facts are clear and not easily challenged

The compressed timeline also puts pressure on insurance companies. Facing a judge's decision within 30 days, many insurers choose to authorize treatment or settle rather than litigate. This means filing for an expedited hearing sometimes resolves your dispute even before the hearing takes place.

Additionally, the potential for penalties under Cal. Lab. Code § 5814 (<https://law.justia.com/codes/california/code-lab/division-4/part-2/chapter-2/article-2/section-4600/>) for unreasonable delay gives insurance companies further reason to act.

### When an Expedited Hearing May Not Be the Right Choice

An expedited hearing may work against you when:

- Your medical evidence is weak, unclear, or conflicting
- Your doctor is unavailable or will not provide a strong written report
- You still need to gather important evidence
- Multiple related issues need to be resolved together, not one at a time
- Your credibility could be challenged under cross-examination
- The legal issues are new or complex
- You have enough time for a regular trial and your treatment is not at immediate risk

***Important: If you lose an expedited hearing, the judge's decision becomes part of your case record. The insurance company can use an unfavorable decision against you in future proceedings. Weigh the risks carefully before filing.***

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## Part 7: Step-by-Step Filing Guide

This section provides a practical, sequential guide to requesting an expedited hearing.

### Step 1: Assess Your Case

Review all your case materials, including your DWC-1 claim form, your employer's report of injury, medical reports, insurance company denial letters, and all correspondence. Determine whether your injury has been accepted and whether your issue qualifies for an expedited hearing.

### Step 2: Gather Your Evidence

Collect all documents you will need to prove your case:

- Treating physician reports documenting your condition and treatment recommendations
- Insurance company denial or delay letters
- Utilization review decisions (if applicable, to show that your dispute is not a UR challenge)
- Payroll records and wage documentation (for TD disputes)
- Records of your efforts to resolve the dispute (emails, call logs, demand letters)

### Step 3: Document Your Good Faith Efforts

Write detailed notes about every attempt you made to resolve the dispute before filing. Include dates, names, methods of communication, and what each party said. Keep copies of all emails and letters.

### Step 4: Identify the Correct District Office

Find the DWC district office where your case is assigned. This is usually based on where your injury happened or where you live. Use the DWC Office Locator ([https://www.dir.ca.gov/dwc/DWCaddress/DWCoffice\\_locator.htm](https://www.dir.ca.gov/dwc/DWCaddress/DWCoffice_locator.htm)) to find your office.

### Step 5: Complete Form DWC-CA 10208.3

Fill out the Declaration of Readiness to Proceed to Expedited Hearing ([https://www.dir.ca.gov/dwc/FORMS/EAMS%20Forms/ADJ/DWCCAFForm10208\\_3.pdf](https://www.dir.ca.gov/dwc/FORMS/EAMS%20Forms/ADJ/DWCCAFForm10208_3.pdf)) carefully. Select only the issues that genuinely qualify. Describe your good faith efforts in detail. Sign the sworn statements only if they are truthful.

### Step 6: Serve All Parties

Deliver copies of your completed DOR to every party in the case—insurance company, employer's attorney, other carriers, and lien claimants. Use first-class mail, electronic service, or personal delivery as permitted by Cal. Code Regs. tit. 8, § 10625 (<https://www.dir.ca.gov/t8/10625.html>).

### Step 7: File Your Proof of Service

Complete Proof of Service Form DWC-CA 10232.1 (<https://www.dir.ca.gov/dwc/iwguides/IWGuide18.pdf>) and file it with the district office along with your DOR. You may file through EAMS (electronic filing), by mail, or in person. DWC Filing Procedures (2020) (<https://www.dir.ca.gov/DIRNews/2020/2020-77.html>). Check with your specific office about current filing methods.

### Step 8: Monitor Your Case and Prepare

Watch your case docket for the hearing date, any objections from the other side, or orders from the judge. Once a hearing is scheduled, finalize all your evidence, confirm witness availability, and prepare to present your entire case at one hearing.

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## Part 8: San Francisco and Northern California Offices

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

### Office Locations

The San Francisco District Office serves the Bay Area and surrounding region. Hearing locations include:

- San Francisco — 100 Montgomery Street, Suite 800; and 630 Sansome Street, 4th Floor, Room 475
- Concord — 1855 Gateway Blvd., Suite 850

You can find complete address and contact information at the DWC Office Locator ([https://www.dir.ca.gov/dwc/DWCaddress/DWCoffice\\_locator.htm](https://www.dir.ca.gov/dwc/DWCaddress/DWCoffice_locator.htm)).

### How Hearings Work in This Area

The San Francisco office uses EAMS for case management and document filing. Many hearings are conducted by telephone using individual judges' conference lines, especially since the COVID-19 pandemic. DWC Virtual Hearings Announcement (2022) (<https://www.dir.ca.gov/DIRNews/2022/2022-05.html>). Judges may also allow video or in-person hearings.

Different judges have different preferences for how evidence is presented and how hearings are conducted. Before your hearing, try to learn about your assigned judge by consulting with other practitioners who have appeared before that judge.

### Rights of Immigrant Workers

If you are an immigrant worker, you have the same workers' compensation rights as any other worker in California, including the right to request expedited hearings, regardless of your immigration status. DWC Injured Worker Guides (<https://www.dir.ca.gov/dwc/iwguides.html>). Your employer cannot deny you workers' compensation benefits because of your immigration status.

**Note: In some cases, a work injury may affect your immigration status if your visa depends on your employment. If this applies to you, consult with an immigration attorney in addition to handling your workers' compensation case.**

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## Part 9: Appeals — What If You Disagree with the Decision?

This section explains your options if the judge's decision does not go in your favor.

### Petition for Reconsideration

If you disagree with the judge's expedited hearing decision, you can file a Petition for Reconsideration with the Workers' Compensation Appeals Board. Cal. Lab. Code §§ 5900–5910 (<https://www.rjylaw.com/time-is-not-on-your-side-your-quick-guide-to-wcab-appeals/>); WCAB Petition for Reconsideration ([https://www.dir.ca.gov/wcab/wcab\\_petitionforreconsideration.htm](https://www.dir.ca.gov/wcab/wcab_petitionforreconsideration.htm)).

**Critical: You have only 20 days from the date you receive the decision to file this petition. Cal. Lab. Code § 5903 (<https://www.sullivanoncomp.com/blog/time-extensions-for-petitions-for-reconsideration>). This deadline is much shorter than most court appeal deadlines. Act quickly.**

Your petition must:

- State the specific legal and factual reasons you believe the decision was wrong
- Cite applicable laws and prior WCAB decisions
- Address the judge's reasoning and explain why it was incorrect

### Writ of Review in the Court of Appeal

If the WCAB denies your Petition for Reconsideration or changes the decision in a way that harms you, you can seek further review by filing a Petition for Writ of Review in the California Court of Appeal. Cal. Lab. Code § 5950 (<https://www.sullivanoncomp.com/blog/time-extensions-for-petitions-for-reconsideration>). The court can review the decision on limited grounds, such as:

- The WCAB violated your right to due process (fair procedures)
- The decision was not supported by substantial evidence (enough real evidence to justify the result)
- The WCAB exceeded its legal authority

**Important: You must file your writ petition within 45 days of the WCAB's decision denying reconsideration. This deadline is strict and generally cannot be extended. 1st DCA Practices and Procedures (<https://appellate.courts.ca.gov/district-courts/1dca/rules-forms-filing/practices-procedures>).**

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## Part 10: Your Chances of Success

This section provides a general assessment of how likely expedited hearings are to succeed in different situations.

### Strong Cases (Higher Likelihood of Success)

Your chances are strongest when:

- Your doctor provides a clear, detailed report supporting the treatment or your inability to work
- The insurance company's denial appears unjustified
- The facts are not disputed
- No contradictory medical evidence exists
- The legal issue is straightforward

In these situations, judges grant relief in the majority of cases.

### Moderate Cases

Your chances are moderate when:

- Medical evidence supports your position but is not entirely clear
- Competing medical opinions exist, though yours is stronger
- There are genuine legal questions about how the law applies

- Some factual disputes exist but you are more credible

In these situations, outcomes depend heavily on the judge's assessment of the evidence.

### Weaker Cases

Your chances are lower when:

- Medical evidence is unclear or conflicting
- Your doctor is unavailable or reluctant to provide a strong report
- Major factual disputes remain unresolved
- The legal issues are new or complex
- The other side has strong, credible evidence

In these situations, consider whether gathering more evidence through the regular trial process would strengthen your case.

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3. Form DWC-CA 10208.3, Declaration of Readiness to Proceed to Expedited Hearing ([https://www.dir.ca.gov/dwc/FORMS/EAMS%20Forms/ADJ/DWCCAFForm10208\\_3.pdf](https://www.dir.ca.gov/dwc/FORMS/EAMS%20Forms/ADJ/DWCCAFForm10208_3.pdf)) - California Division of Workers' Compensation.
4. DWC Injured Worker Guide 6: How to Request an Expedited Hearing (<https://www.dir.ca.gov/dwc/iwguides/IWGuide06.pdf>) - California Division of Workers' Compensation.
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11. Cal. Lab. Code §§ 4610, 4610.5 (<https://law.justia.com/codes/california/code-lab/division-4/part-2/chapter-2/article-2/section-4610/>) - California Legislature.
12. Cal. Lab. Code § 5502.5 (<https://law.justia.com/codes/california/code-lab/division-4/part-4/chapter-3/section-5502-5/>) - California Legislature.
13. Cal. Lab. Code § 5500.5 (<https://law.justia.com/codes/california/code-lab/division-4/part-4/chapter-3/section-5500-5/>) - California Legislature.
14. Cal. Code Regs. tit. 8, § 10625 (<https://www.dir.ca.gov/t8/10625.html>) - California Department of Industrial Relations.
15. Employees First Labor Law, "How to File for an Expedited Hearing If Your Workers' Comp Treatment Is Unreasonably Delayed" (<https://employeesfirstlaborlaw.com/how-to-file-for-an-expedited-hearing-if-your-workers-comp-treatment-is-unreasonably-delayed/>) - Employees First Labor Law.
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# California Workers' Compensation Division Expedited Hearing Procedures: A Legal Research Report

## (PART-B LEGAL ANALYSIS)

Generated by: Legal AI Assistant

Facilitated by: The Law Offices of Fernando Hidalgo, Inc.

March 1, 2026

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# California Workers' Compensation Division Expedited Hearing Procedures: A Comprehensive Legal Research Report

Generated by: Legal AI Research Assistant | Facilitated by: The Law Offices of Fernando Hidalgo, Inc. | March 2, 2026

## Executive Summary

California's workers' compensation system provides injured employees with an expedited hearing mechanism to resolve urgent disputes regarding medical treatment, temporary disability benefits, and related matters without requiring prolonged delays associated with standard litigation procedures. Under California Labor Code Section 5502(b) and Title 8, California Code of Regulations Section 10782, parties to workers' compensation claims may request expedited hearings and decisions on narrow, specified issues when an injury has been accepted as compensable and a bona fide dispute exists.[1][2][3] These expedited proceedings are designed to address time-sensitive matters where unreasonable delays in adjudication could cause irreparable harm to the injured worker's health, recovery, or legal rights.

This report provides comprehensive guidance on expedited hearing procedures, eligibility requirements, filing mechanisms, and strategic implementation for practitioners and injured workers seeking prompt resolution of workers' compensation disputes. The analysis encompasses statutory foundations, regulatory requirements, procedural safeguards, practical filing considerations, and strategic implications across Northern California's Division of Workers' Compensation district offices. Practitioners should understand that expedited hearings represent a distinct procedural mechanism fundamentally different from standard mandatory settlement conferences or trials, requiring careful attention to eligibility criteria, form completion, and evidence presentation to maximize the likelihood of favorable outcomes.

## Statutory and Regulatory Foundation of Expedited Hearings in California Workers' Compensation

### Legal Basis and Historical Development

The statutory authority for expedited hearings in California workers' compensation proceedings derives from California Labor Code Section 5502(b), which establishes the Workers' Compensation Appeals Board's authority to permit expedited hearings and decisions on specified issues when particular conditions are satisfied.[4][5] The statute was amended significantly by Senate Bill 863, effective January 1, 2013, expanding the categories of disputes eligible for expedited resolution and clarifying the availability of expedited hearings during the 90-day delay period while an employer investigates claim acceptance or denial.[6] This legislative action recognized that certain workers' compensation disputes-particularly those involving urgent medical treatment needs-require accelerated adjudication timelines incompatible with traditional hearing schedules.

The regulatory implementation of expedited hearing procedures appears in Title 8, California Code of Regulations Section 10782, which delineates eligibility requirements, permissible issues, judge authority to redesignate hearings, and mandatory disclosure of evidence at the time of hearing.[1][7] Notably, the regulation requires that parties be fully prepared to present their cases, including all witnesses, documents, and medical evidence, on the hearing date itself-a requirement substantially more demanding than preparation standards for mandatory settlement conferences or standard trials. This distinctive procedural requirement reflects the expedited hearing's nature as a fast-track adjudication mechanism designed to resolve narrow issues with minimal procedural formality while maintaining due process protections.

### Statutory Eligibility Requirements and Qualifying Issues

California Labor Code Section 5502(b) establishes that expedited hearings and decisions shall be held "upon the filing of an Application for Adjudication of Claim and a Declaration of Readiness to Proceed" establishing "a bona fide, good faith dispute" on specified issues.[8][4] The statute identifies multiple categories of disputes appropriate for expedited determination, including entitlement to medical treatment under Labor Code Section 4600, entitlement to temporary disability benefits or disputes regarding temporary disability amounts, whether an injured employee is required to obtain treatment within an employer's medical provider network (MPN), and entitlement to compensation when liability disputes exist among multiple carriers or employers.[9][10]

Importantly, Labor Code Section 5502(b) also includes a catch-all provision permitting expedited hearings for "[a]ny other issues requiring an expedited hearing and determination as prescribed in the rules and regulations of the administrative director."<sup>[11]</sup> This provision creates potential flexibility for practitioners seeking expedited resolution of urgent matters beyond the specifically enumerated categories, though the administrative director's rules and regulations must authorize such expansion. The Worker's Compensation Appeals Board has interpreted this provision conservatively, generally requiring that disputes qualify under explicit statutory categories or present circumstances demonstrating genuine urgency comparable to medical treatment delays or temporary disability terminations.

#### Injury Acceptance Requirement and Limited Exceptions

A fundamental prerequisite for expedited hearing eligibility is that "injury to any part or parts of the body is accepted as compensable by the employer."<sup>[3]</sup><sup>[1]</sup> This requirement applies to the vast majority of expedited hearing requests, as the regulation presumes that expedited hearings address disputes regarding benefits in accepted cases-i.e., cases where liability for the industrial injury is no longer contested. However, the Board of Immigration Appeals has recognized limited exceptions to this acceptance requirement, primarily in circumstances involving Qualified Medical Evaluator (QME) panel requests or medical-legal examination issues in denied cases.<sup>[12]</sup><sup>[10]</sup>

Notably, the Board indicated in *Corado v. Ghodsian* (2021) that workers' compensation judges could proceed with expedited hearings on panel disputes in unaccepted cases if proper procedural safeguards-including creation of an evidentiary record and provision for parties to offer evidence-were implemented.<sup>[4]</sup> Additionally, in *Kim v. B.C.D. Tofu House, Inc.* (2014), the Board held that expedited hearings are available to address whether an injured employee must treat within an MPN during the 90-day delay period, even before the employer has formally accepted or denied the claim.<sup>[13]</sup> These exceptions recognize practical circumstances where expedition serves the statutory purpose of preventing unreasonable delays in resolution of time-sensitive medical treatment disputes.

#### Detailed Procedural Requirements and Form Completion

##### Declaration of Readiness to Proceed: Core Filing Document

The primary mechanism for initiating an expedited hearing request is the Declaration of Readiness to Proceed (DOR) to Expedited Hearing, officially designated as Form DWC-CA 10208.3, developed and maintained by the California Division of Workers' Compensation.<sup>[4]</sup><sup>[14]</sup> This form serves dual functions: it formally requests that the case be set for an expedited hearing, and it represents the declarant's sworn statement under penalty of perjury that specific preconditions for expedited adjudication have been satisfied. The form's completion requires careful attention to multiple elements, each of which may be subject to challenge by opposing parties through timely objections.

The DOR requires the declarant to identify the issues upon which the expedited hearing is requested.<sup>[15]</sup> The form provides checkboxes for standard categories: entitlement to medical treatment per Labor Code Section 4600 (excluding issues under SectionSection 4610 and 4610.5); entitlement to temporary disability or disputes regarding temporary disability amounts; whether a properly established MPN exists in which the employee may obtain treatment; and entitlement to compensation based on disagreements between employers or carriers regarding liability.<sup>[1]</sup> Practitioners must select only those issues genuinely in dispute and appropriate for expedited determination; selecting extraneous or ineligible issues may provide grounds for opposing parties to object to the entire expedited hearing request under Title 8, California Code of Regulations Section 10782 and Title 8 Section 10416 objection procedures.

##### Good Faith Dispute Requirement and Specific Efforts

Form DWC-CA 10208.3 requires the declarant to state under penalty of perjury that "specific, genuine, good faith efforts" have been made to resolve the dispute before filing the DOR.<sup>[16]</sup> This requirement, rooted in Labor Code Section 5502(b), reflects legislative intent to channel only genuinely disputed matters-not settled or easily resolved issues-into the expedited hearing process. The form provides space for the declarant to describe efforts undertaken: communication with opposing counsel, settlement negotiations, informal discussions regarding treatment authorization, attempts to obtain insurance company approval for disputed medical services, and similar pre-filing resolution efforts.

The specificity and genuineness of documented efforts significantly affects the validity of the expedited hearing request. Opposing parties frequently challenge DOR filings on grounds that insufficient good faith efforts were undertaken, arguing that merely requesting authorization or sending correspondence without meaningful negotiation does not satisfy statutory requirements.[4] Practitioners should therefore maintain detailed written records of all communications, including email correspondence, telephone call summaries (with dates, times, and participants), formal demand letters, and documented responses or lack thereof from insurance companies or opposing counsel. When feasible, practitioners should include contemporaneous email threads or correspondence with the DOR filing to substantiate good faith dispute resolution efforts.

#### Bona Fide Dispute Requirement and Factual Foundation

The declarant must also state under penalty of perjury that "there is a bona fide dispute" regarding the specified issues and that the declarant "is presently ready to proceed to hearing" with discovery completed on the issues identified.[2] The bona fide dispute requirement ensures that the expedited hearing mechanism is not used for harassment, delay, or matters that are not genuinely disputed. In practice, this requires that the declarant possess factual and legal basis for asserting that a legitimate dispute exists-not merely a disagreement regarding the outcome, but an actual disagreement regarding legal entitlement or factual circumstances.

For medical treatment disputes, a bona fide dispute typically exists when an insurance company has denied or delayed authorization for treatment recommended by the treating physician, and the injured worker or treating physician contests the denial or delay as medically unreasonable or procedurally improper. For temporary disability disputes, a bona fide dispute exists when the parties disagree regarding whether the injured worker remains medically unable to work, the appropriate temporary disability rate, or the date on which temporary disability should commence or terminate. Practitioners must ensure that factual circumstances supporting a bona fide dispute are clearly evident from documentary evidence-medical reports, utilization review denials, correspondence from insurance companies, and similar materials-that will be presented at the hearing.

#### Discovery Completion Requirement

Form DWC-CA 10208.3 requires the declarant to state under penalty of perjury that "discovery is complete on said issues." [17] This requirement reflects the expedited hearing's unique procedural characteristic: unlike mandatory settlement conferences or standard trials where discovery may continue through the hearing date, expedited hearings presume that all factual development necessary to resolve the disputed issues has been completed before the hearing occurs. The rationale is that expedited hearings are designed for rapid resolution of narrow issues where the factual record is already substantially developed and supplemental discovery would not materially advance the case.

Practitioners must interpret "discovery complete" conservatively. The requirement does not mean that parties have obtained every conceivable document or deposition, but rather that all discovery reasonably necessary to address the specific issues presented has been obtained or could reasonably be obtained before the hearing date. For straightforward medical treatment disputes, this typically requires that the injured worker has obtained and submitted medical reports supporting the need for disputed treatment; has obtained documentation of the insurance company's denial, delay, or authorization decision; and has gathered any other medical-legal materials necessary to establish the treatment's medical necessity. For temporary disability disputes, practitioners must obtain recent medical reports establishing the injured worker's current medical status and work capacity or incapacity. Declaring discovery complete when material evidence remains unavailable provides grounds for opposing parties to seek continuances or challenge the expedited hearing designation.

#### Service and Proof of Service Requirements

After completing Form DWC-CA 10208.3, the declarant must serve the DOR on all parties of record in the workers' compensation case, including the employer, insurance company or claims administrator, the defendant's attorney (if represented), and any other parties or lien claimants.[1] Service must comply with Title 8, California Code of Regulations Section 10625, which permits service by personal service, electronic service, first-class mail, or other expeditious methods agreed upon by the parties.[18] Notably, the declarant must include proof of service demonstrating that all required parties received the DOR within the specified timeframes.

The proof of service, completed on Form DWC-CA 10232.1 (Proof of Service by Mail) or through electronic service mechanisms, must identify each party or party's attorney served, specify the service method, and include the declarant's sworn statement that service was completed.[19] Service by first-class mail to an address within California must be accompanied by proof showing that the DOR was mailed at least ten days before the hearing date, as Title 8 Section 10782 and related provisions contemplate timely service to permit opposing parties to prepare objections or responses. Failure to properly serve all parties or to provide adequate proof of service may result in the DOR being deemed invalid, necessitating re-filing with corrected service.

## Objection Procedures and Judicial Authority to Modify or Reject Expedited Hearing Requests

### Statutory Framework for Objections

Title 8, California Code of Regulations Section 10416 and Labor Code Section 5502 establish procedures permitting parties to object to a Declaration of Readiness to Proceed to Expedited Hearing within ten days of service.[4][20] This objection window—considerably shorter than typical motion practice timelines—reflects the expedited proceeding's urgency. Parties may object on grounds that the issues presented are not appropriate for expedited determination, that insufficient good faith dispute resolution efforts have been undertaken, that the injury has not been accepted as compensable, that discovery is not complete on the specified issues, or that other statutory or regulatory prerequisites for expedited hearings have not been satisfied.

Objections must be timely filed and served on all parties. Failure to timely object constitutes waiver of objections that could have been raised, though judges retain inherent authority to raise sua sponte concerns regarding expedited hearing eligibility even absent opposing party objections. Once timely objections are filed, workers' compensation judges must consider them and provide parties opportunity to be heard before ruling on the expedited hearing request's validity.[2] If objections are sustained, the judge may order that the matter not proceed to expedited hearing, instead setting it for mandatory settlement conference or status conference.

### Judicial Authority to Redesignate Expedited Hearings

Even when expedited hearing requests satisfy statutory prerequisites and no valid objections exist, Title 8, California Code of Regulations Section 10782(c) grants workers' compensation judges authority to redesignate expedited hearings to mandatory settlement conferences when circumstances suggest the expedited hearing format is inappropriate.[21][10] The regulation specifies that grounds for redesignation include cases where direct and cross-examination of the applicant (injured worker) will be prolonged, cases where multiple witnesses will offer extensive testimony, or other circumstances suggesting the issues presented are sufficiently complex or multifaceted that they cannot be fairly and thoroughly adjudicated within the compressed timeframe and procedural format of an expedited hearing.

This judicial authority protects against inappropriate use of the expedited hearing mechanism for complex disputes requiring fuller procedural development. Practitioners must recognize that filing an expedited hearing request does not guarantee that the hearing will proceed in expedited format; judges may determine that fairness requires redesignation to a more traditional hearing format. Additionally, if a judge redesignates an expedited hearing to a mandatory settlement conference, the case typically does not proceed to immediate trial on the expedited hearing date but instead moves to MSC format, with discovery closing and trial being scheduled at the judge's discretion.

## Timeline Requirements and Hearing Scheduling Procedures

### Statutory and Regulatory Timeline Provisions

California Labor Code Section 5502 requires that an expedited hearing be held "within 30 days of the filing of the declaration of readiness to proceed and the application for adjudication of claim." [22] This 30-day requirement represents the outer boundary for scheduling; in practice, many district offices schedule expedited hearings within 20-25 business days of filing to accommodate the statutory timeline and administrative requirements for notice and case preparation.

Title 8, California Code of Regulations Section 10782(e) requires that parties be prepared to submit all matters for decision at a single hearing and produce all necessary evidence, including witnesses, documents, and medical reports, on the hearing date itself.[1] This requirement means that if an expedited hearing is scheduled for a particular date, parties should anticipate that the hearing will proceed on that date absent extraordinary

circumstances. Unlike standard trials where parties may anticipate continuances or delayed trial dates, expedited hearings presume readiness for immediate adjudication.

### Notice and Calendar Management

Once an expedited hearing is scheduled, the Division of Workers' Compensation sends notice to all parties specifying the hearing date, time, judge assignment, and location (or conference line for remote proceedings).[23] Practitioners must carefully monitor the WCAB docket system and calendar entries to ensure they receive proper notice and understand the hearing schedule. Following COVID-19 pandemic procedures, many expedited hearings have continued to be conducted telephonically via individual judges' conference lines rather than in-person at district offices, though judges retain discretion to conduct hearings by video or in-person format when appropriate.[4]

Practitioners should not assume that a hearing scheduled for a particular date will remain on that schedule; cases may be taken off calendar, continued, or rescheduled based on stipulations between parties, judicial determination of good cause for continuance, or administrative requirements. However, Labor Code Section 5502.5 provides that continuances of conferences or hearings are "not favored" and may be granted only upon showing of good cause, with judicial consideration of case complexity, party diligence, and prejudice resulting from granting or denying continuance.[24] Practitioners seeking continuances of expedited hearings face substantial obstacles and should prepare thoroughly to proceed on the scheduled date when possible.

### Qualifying Issues, Eligibility Requirements, and Scope Limitations

#### Medical Treatment Disputes Under Labor Code Section 4600

The most common expedited hearing issue involves disputes regarding entitlement to medical treatment under California Labor Code Section 4600, which establishes that employers shall provide "all treatment, including doctors' services, nursing, medicines, medical supplies, apparatus, and similar expenses, reasonably required to cure, relieve, or palliate any injury or illness arising out of the employment." [25] When an insurance company denies, delays, or inappropriately conditions authorization for treatment recommended by a treating physician, and the injured worker or treating physician contests that determination, an expedited hearing may be requested to obtain judicial determination of entitlement.

Importantly, the statute excludes from expedited hearing scope issues determined pursuant to Labor Code Section 4610 and 4610.5—these provisions address utilization review processes and independent medical review procedures, which have distinct adjudication mechanisms separate from expedited hearings.[26] Therefore, practitioners cannot seek expedited hearings to challenge utilization review denials; instead, injured workers must pursue independent medical review under Labor Code Section 4610 procedures or seek expedited hearings after UR denials have been final for a specified period, at which point treatment authorization becomes available without further UR obstruction.

Expedited hearings on medical treatment typically address straightforward scenarios: treating physician recommends surgery, MRI, specialist referral, or other specific treatment; insurance company denies authorization; injured worker or physician disputes the denial; parties cannot resolve through negotiation; and injured worker seeks expedited hearing to obtain judicial order compelling treatment authorization. Medical treatment expedited hearings succeed when the injured worker demonstrates medical necessity through treating physician reports, demonstrates that the treatment is reasonable under Labor Code Section 4600's "reasonably required" standard, and shows that insurance company delay or denial is unjustified under applicable law and policy.

#### Temporary Disability Disputes

Expedited hearings are available for disputes regarding entitlement to temporary disability benefits under Labor Code Section 4650 et seq., or disputes regarding the appropriate temporary disability rate when entitlement is not contested but the amount is disputed.[27][1] Temporary disability expedited hearings typically arise in two contexts: (1) injured workers whose temporary disability has been terminated or suspended by the insurance company contest the termination as premature or medically unjustified, or (2) parties dispute the appropriate weekly temporary disability rate based on different calculations of average weekly earnings.

Entitlement disputes require demonstration that the injured worker remains medically unable to work despite treating physician authorization or release to work. Injured workers seeking expedited hearing on temporary disability termination must present recent medical evidence establishing continued work incapacity-typically a report from the treating physician stating the injured worker remains medically unable to perform job duties and should remain off work pending recovery. Temporary disability rate disputes often involve mathematical disagreements regarding average weekly earnings calculations; practitioners should prepare detailed worksheets and documentation supporting AWE calculations.

#### Medical Provider Network Compliance Disputes

Labor Code Section 5502(b), as amended by Senate Bill 863, created a new category of expedited hearing issues: disputes regarding whether an injured employee is required to obtain treatment within an employer's medical provider network, or disputes regarding the MPN's validity, authorization procedures, or compliance with statutory requirements.[28] These expedited hearings are particularly relevant during the 90-day investigation period before an employer formally accepts or denies an injury; the Board held in *Kim v. B.C.D. Tofu House, Inc.* that even unaccepted claims qualify for expedited hearings to resolve MPN compliance issues.[29]

MPN expedited hearings typically address scenarios where an employer asserts that an injured worker designated a personal physician outside the MPN in violation of statutory procedures; where an employer delays MPN authorization without justification; or where the injured worker contests the MPN's validity or scope. Practitioners seeking MPN expedited hearings must have detailed knowledge of Labor Code Section 4600-4616.7 and Title 8 Section 9767-9767.19 governing MPNs, including notification requirements, access to medical services, adequacy standards, and compliance procedures.

#### Liability Disputes Among Multiple Carriers or Employers

Expedited hearings are available to determine entitlement to compensation when disputes exist regarding liability among multiple employers or carriers under Labor Code Section 5500.5 provisions addressing occupational disease and cumulative trauma claims where multiple employers are potentially liable.[4] These expedited hearings address narrow questions of which employer or carrier is responsible for providing or funding benefits, rather than addressing whether an injury occurred or is work-related. Practitioners rarely utilize this expedited hearing category, as carrier-versus-carrier disputes typically require complex analysis of employment periods, exposure histories, and statutory apportionment principles.

#### Evidence Presentation Requirements and Documentation Standards

##### Mandatory Submission of Evidence at Hearing Date

A distinctive feature of expedited hearings-fundamentally different from standard trials and mandatory settlement conferences-is the requirement that all evidence be presented and submitted for judicial decision on the hearing date itself.[30] Title 8, California Code of Regulations Section 10782(e) specifies that "the parties are expected to submit for decision all matters properly in issue at a single trial and to produce all necessary evidence, including witnesses, documents, medical reports, payroll statements and all other matters considered essential in the proof of a party's claim or defense." [31] This requirement presumes complete factual development before the hearing occurs, permitting no opportunity for subsequent submission of additional evidence or for continuances to allow supplemental evidence gathering.

Practitioners must therefore organize all documentary evidence-medical reports, correspondence from insurance companies, treating physician authorizations or denials, medical necessity standards documentation, and other materials-in advance of the hearing date. Evidence should be organized chronologically or by issue category, with clear labels and page references, and should be provided to all parties and the judge simultaneously at the commencement of the hearing. The Workers' Compensation Appeals Board strongly prefers submission of written medical evidence-treating physician reports, QME evaluations, consulting specialist recommendations-rather than reliance on physician testimony, though practitioners may present live testimony when complex clinical issues require direct physician examination and cross-examination.

##### Medical Evidence Standards and Documentation Preferences

The Workers' Compensation Appeals Board explicitly favors presentation of medical evidence through written reports rather than live testimony.[32] This preference reflects practical recognition that expedited

hearings must resolve rapidly without extended witness availability requirements, and that written medical reports provide clear documentation of physician reasoning and analysis that can be efficiently reviewed by judges. Practitioners should therefore ensure that all treating physician reports, recent medical evaluations, and clinical documentation are obtained and provided in writing before the hearing.

When submitting medical evidence, practitioners should ensure that reports comply with applicable documentation standards. Treating physician reports should specify clinical findings, diagnostic test results, recommended treatment, medical necessity rationale, and expected treatment outcomes. For expedited hearings on medical treatment disputes, practitioners should obtain specific written authorization letters from treating physicians stating that the disputed treatment is medically necessary under Labor Code Section 4600 standards, that delay or denial of treatment poses risks to recovery or patient health, and that treatment should proceed without further delay. This written documentation creates a clear record supporting the injured worker's entitlement position and may obviate the need for live physician testimony.

#### Proof of Damages and Temporary Disability Calculations

For expedited hearings addressing temporary disability disputes, practitioners must prepare detailed documentation supporting average weekly earnings calculations, wage loss calculations, and temporary disability rate computations. This documentation should include payroll records for the period before injury, employment contracts or wage statements showing compensation structure, and calculations demonstrating the legally mandated temporary disability rate (typically two-thirds of average weekly earnings, subject to statutory minimum and maximum limits). Practitioners should verify calculations against current statutory minimums and maximums, as these change annually and computational errors undermine expedited hearing success.

#### Strategic Advantages, Disadvantages, and Decision-Making Framework

##### When Expedited Hearings Are Strategically Advantageous

Expedited hearings present significant strategic advantages for injured workers in specific circumstances. When medical treatment has been unreasonably delayed—particularly surgical procedures or urgent diagnostic tests—and the injury remains work-related and accepted, expedited hearings provide the only realistic avenue for obtaining timely judicial intervention to compel treatment. Standard trial schedules often extend months beyond the date when medical intervention becomes critical; expedited hearings compress that timeline to 30 days or fewer.

Expedited hearings also provide tactical advantages when factual records are substantially developed and additional discovery would not materially advance resolution. If an injured worker possesses strong medical evidence of treatment necessity, documented insurance company denial or delay, and clear treating physician support, the expedited hearing format eliminates opportunities for insurance companies to conduct supplemental discovery, obtain conflicting medical evaluations, or develop procedural defenses based on incomplete records. The compressed timeline and requirement for complete evidence presentation at the hearing force resolution based on evidence already available.

Additionally, expedited hearings provide psychological and practical pressure on insurance companies to settle or authorize contested treatment. The prospect of expedited judicial determination, combined with potential exposure to penalties for unreasonable delay under Labor Code Section 5814, often incentivizes insurance companies to authorize treatment or offer settlements rather than litigate expedited hearings. For practitioners, this settlement pressure during the pre-hearing period (typically the weeks between filing the DOR and the scheduled hearing date) may result in favorable treatment authorization without requiring the hearing to proceed.

##### Strategic Disadvantages and Risks

Conversely, expedited hearings present significant disadvantages and risks in certain circumstances. The requirement that parties be fully prepared with all evidence submitted on the hearing date eliminates opportunity for tactical discovery or procedural maneuvering. Practitioners with incomplete medical evidence, insufficient documentation of treatment necessity, or inadequate factual development face substantial risks of adverse decisions if expedited hearings proceed before records are complete.

Additionally, expedited hearings' narrow scope limitation-addressing only specified issues listed in the DOR-prevents full case development. An injured worker who files an expedited hearing on medical treatment denial may obtain authorization for that specific treatment but may not simultaneously address related disputes regarding temporary disability, future medical care entitlement, or permanent disability implications. This narrow scope may be strategically disadvantageous when multiple interrelated disputes exist and comprehensive resolution would be preferable to piecemeal adjudication.

Furthermore, adverse expedited hearing decisions create published or precedential records that may disadvantage injured workers in subsequent proceedings. If a judge determines that disputed treatment is not medically necessary or that temporary disability termination was justified, that decision becomes part of the case record and may be cited by insurance companies in subsequent disputes regarding related treatment or benefits. Standard trial practice sometimes permits tactical bifurcation of issues or sequential development of factual records; expedited hearings eliminate such flexibility.

#### Decision-Making Framework: Factors Favoring Expedited Hearing Requests

Practitioners should consider requesting expedited hearings when the following factors are present: (1) medical treatment has been unreasonably delayed or denied, creating risk of health deterioration or loss of treatment window; (2) treating physician strongly supports the disputed treatment and has documented medical necessity; (3) insurance company denial or delay appears medically or procedurally unjustified based on available evidence; (4) injured worker's financial circumstances create hardship from temporary disability termination or reduction; (5) factual records are substantially complete and supplemental discovery would not materially advance resolution; (6) legal issues presented are straightforward and do not require extensive factual development; and (7) injured worker's credibility appears strong and is unlikely to be substantially undermined by cross-examination or contradictory evidence.

Conversely, practitioners should hesitate before requesting expedited hearings when: (1) medical evidence of treatment necessity is equivocal or conflicting; (2) treating physician is unavailable or unwilling to provide strong written support; (3) substantial factual development remains necessary; (4) multiple interrelated disputes exist requiring comprehensive adjudication; (5) injured worker's credibility is questionable or vulnerable to cross-examination; (6) legal issues presented are novel or complex; or (7) sufficient time remains for standard trial procedure and treatment cannot be delayed without jeopardizing recovery.

#### Procedural Roadmap: Step-by-Step Implementation for Expedited Hearing Requests

##### Initial Steps: Case Assessment and Evidence Gathering

The process begins with comprehensive case assessment determining whether expedited hearing eligibility requirements are satisfied and whether the expedited format strategically serves the injured worker's interests. Practitioners should obtain and review all case materials: original workers' compensation claim form (DWC-1), employer's report of injury, medical reports documenting the accepted injury, recent treating physician reports, evidence of insurance company denial or delay of disputed treatment or benefits, and all correspondence between parties regarding the disputed issue.

Next, practitioners must ensure that the injury has been formally accepted as compensable. If the claim is still in the 90-day investigation period and has not been formally accepted, expedited hearing availability depends on whether the dispute addresses issues specifically authorized for unaccepted claims (primarily MPN-related disputes). If the injury has been accepted, practitioners should determine the specific issue(s) that qualify for expedited adjudication and confirm that no more appropriate alternative dispute resolution mechanism exists (e.g., independent medical review for UR denials, priority conference for employment/AOE disputes).

##### Gathering Supporting Documentation

Practitioners must systematically gather all documentation supporting expedited hearing eligibility and the injured worker's substantive position on the disputed issue. For medical treatment disputes, this includes obtaining a detailed written report from the treating physician specifically addressing medical necessity under Labor Code Section 4600 standards, supporting diagnostic test results or clinical findings, documentation of the insurance company's denial or delay, and any utilization review decisions or independent medical review determinations. For temporary disability disputes, practitioners must obtain recent medical evidence

establishing work incapacity, payroll documentation supporting average weekly earnings calculations, and insurance company records showing the basis for termination or reduction of temporary disability.

Practitioners should also document all "specific, genuine, good faith efforts" to resolve the dispute before filing the expedited hearing request. This documentation should include dates and summaries of telephone communications with insurance company representatives, email correspondence requesting treatment authorization or disputing denials, formal demand letters presenting legal arguments supporting the injured worker's entitlement, and evidence of insurance company responses (or lack thereof). Maintaining detailed contemporaneous notes of all communications-including participants, dates, times, substance of conversation, and stated reasons for insurance company positions-creates a credible record demonstrating good faith pre-filing dispute resolution efforts.

#### Determining Venue and District Office

Practitioners must identify the correct Division of Workers' Compensation district office where the case is assigned. Venue typically depends on the location where the injury occurred or where the injured worker resides. California has multiple DWC district offices covering different geographic regions; the DWC website provides location information and addresses for each office.[4] Correctly identifying venue ensures that the DOR is filed with the proper office and that hearing scheduling proceeds through the correct administrative channels. Filing in the wrong district office may result in the DOR being transferred or rejected, creating delays incompatible with the expedited proceeding's urgency.

#### Completing Form DWC-CA 10208.3

Practitioners must carefully complete Form DWC-CA 10208.3 (Declaration of Readiness to Proceed to Expedited Hearing), ensuring accuracy in all fields and truthfulness in all sworn statements.[33] The form requests basic case information: EAMS case number, applicant name, employer name and address, and claims administrator information. Practitioners should obtain accurate claim numbers and employer information from prior case documents to ensure consistency.

The form requires selection of specific issues for which expedited hearing is requested. Practitioners must select only those issues genuinely in dispute and appropriate for expedited adjudication. The form provides checkboxes for: (1) Entitlement to medical treatment per Labor Code Section 4600 (excluding issues under Section 4610 and 4610.5); (2) Entitlement to temporary disability or disagreement regarding temporary disability amounts; (3) Whether the employee is required to treat within an MPN; and (4) Entitlement to compensation based on carrier/employer liability disputes.[34] Practitioners may select multiple checkboxes if multiple issues are genuinely in dispute, but should avoid selecting extraneous issues that may provide grounds for opposing party objections.

The form requires detailed description of "specific, genuine, good faith efforts" undertaken to resolve the dispute. Practitioners should provide narrative descriptions of negotiation attempts, settlement discussions, demand letters, requests for authorization, and related communications. For example: "Applicant's counsel contacted Claims Administrator on [date] and requested authorization for MRI recommended by Dr. [name]. Claims Administrator representative [name] indicated that authorization could not be granted pending receipt of additional medical records from the treating physician's office. Applicant's counsel subsequently forwarded complete medical records package on [date]. Despite follow-up telephone calls on [dates] and email correspondence on [dates], Claims Administrator has not issued authorization decision, now [X] days after receiving complete documentation."

The form requires sworn statements that: (1) a bona fide dispute exists; (2) the declarant is presently ready to proceed to hearing; and (3) discovery is complete on the specified issues.[35] These sworn statements carry significant legal consequences-false statements constitute perjury-so practitioners must ensure truthfulness and accuracy. Practitioners should not declare discovery complete if material evidence remains unavailable, as this provides grounds for continuances or objections to expedited hearing designation.

#### Assembling Supporting Documentation

The completed DOR should be accompanied by supporting documentation establishing the bona fide dispute and the injured worker's substantive entitlement position. Standard supporting materials include: (1) relevant medical reports from treating physicians supporting the claimed entitlement; (2) evidence of insurance

company denial or delay (denial letters, UR decisions, claims file notes); (3) correspondence demonstrating pre-filing dispute resolution efforts; (4) documentation of factual circumstances creating urgency (e.g., progressive medical deterioration if treatment is not promptly authorized); and (5) relevant wage documentation or payroll records for temporary disability calculations.

Practitioners should organize supporting materials in logical sequence-chronologically for correspondence, by provider for medical evidence, and by topic for other materials. Materials should be clearly labeled and cross-referenced to specific arguments in the DOR narrative. At this stage, practitioners should prepare materials for submission to both the judge and opposing counsel; most judges appreciate organized, clearly labeled evidence packets that can be efficiently reviewed during the expedited hearing.

#### Executing Proof of Service and Filing with District Office

After completing Form DWC-CA 10208.3 and organizing supporting materials, practitioners must serve the DOR on all parties and prepare proof of service. Service requirements include: (1) the claims administrator or insurance company; (2) the employer's defense attorney (if represented); (3) any other employers or carriers in the case; and (4) any lien claimants of record.[36] Service should be accomplished by first-class mail, electronic service, or other method specified in Title 8 Section 10625.[11] Practitioners should mail or electronically serve all parties simultaneously or maintain contemporaneous service, then prepare proof of service documentation.

Proof of service, completed on Form DWC-CA 10232.1 (Proof of Service by Mail) or through electronic service confirmation, must identify each party or party's attorney served, specify the service method, include the date of service, and contain the server's sworn declaration that service was completed.[4] The proof of service must be filed with the district office concurrently with or immediately after the DOR filing.

The DOR should be filed with the appropriate Division of Workers' Compensation district office serving the case. Filings may be accomplished through: (1) EAMS (Electronic Adjudication Management System) if the district office utilizes electronic filing; (2) JET File system for certain claim types; (3) U.S. mail to the district office address; or (4) in-person filing at district office locations during business hours, though in-person filing has been substantially limited during and after COVID-19 pandemic periods.[37] Practitioners should verify current filing procedures with the specific district office, as procedures vary among different offices and have been subject to periodic modifications.

#### Follow-Up and Pre-Hearing Preparation

After filing the DOR and serving all parties, practitioners should monitor the case docket regularly for hearing scheduling, objections from opposing counsel, or orders from the judge regarding expedited hearing designation. Opposing parties have ten days from service to file objections; practitioners should be prepared to respond to objections or object defenses within applicable timeframe and before hearing scheduling occurs.

Once a hearing date is scheduled, practitioners must immediately prepare for comprehensive evidence presentation. This includes finalizing all documentary materials, confirming live witness availability (particularly treating physicians), obtaining any remaining medical evidence or documentation, and preparing direct examination and cross-examination outlines. For expedited hearings, practitioners should prepare as thoroughly as for standard trials, recognizing that all evidence must be presented and submitted for decision on the scheduled hearing date.

#### San Francisco District Office and Northern California Practice Considerations

##### San Francisco Immigration Court's Workers' Compensation Proceedings

The San Francisco District Office of the Division of Workers' Compensation serves the Bay Area and Northern California region, with hearing locations in San Francisco (100 Montgomery Street, Suite 800 and 630 Sansome Street, 4th Floor, Room 475) and Concord (1855 Gateway Blvd., Suite 850).[38][39] This district office has specific procedural practices, local rules, and judge preferences that practitioners should understand before filing expedited hearing requests in the San Francisco jurisdiction.

The San Francisco office utilizes EAMS for case management, scheduling, and document filing. Practitioners should become familiar with EAMS functionality, including case lookup, document e-filing, and docket monitoring. Additionally, the San Francisco office has implemented extensive remote hearing procedures,

with most expedited hearings (and all hearings during pandemic periods) conducted telephonically via individual judge conference lines rather than in-person hearings.[40] This remote format requires practitioners to adapt evidence presentation strategies, witness examination procedures, and communication techniques for telephonic proceedings.

#### Judge-Specific Practices and Procedural Tendencies

The San Francisco District Office has multiple workers' compensation judges assigned to various hearing calendars. While each judge theoretically applies identical law and regulations, individual judges develop procedural tendencies, evidence preferences, and decisional patterns that practitioners should understand. Some judges favor written medical evidence and discourage live physician testimony; others permit more flexible evidence presentation. Some judges strictly enforce deadlines and discovery requirements; others exercise discretion permitting supplemental submissions or continuances.

Practitioners should research individual judge assignments before scheduling expedited hearings, consulting with colleagues who have appeared before specific judges, reviewing published Board decisions written by judges assigned to expedited hearings, and observing hearings before the assigned judge when possible. This research permits development of hearing strategies tailored to individual judge preferences and procedural practices, improving expedited hearing success likelihood.

#### Liaison with San Francisco Asylum Office and Regional Practices

While the San Francisco Asylum Office primarily addresses immigration matters outside the scope of workers' compensation proceedings, the overlapping geographic jurisdiction and immigrant worker populations served by immigration practitioners and workers' compensation practitioners create occasional intersection. Practitioners should understand that immigrant workers injured on the job retain full workers' compensation rights, including access to expedited hearings, regardless of immigration status.[41] Additionally, workers' compensation injuries and coverage decisions may have collateral immigration consequences in certain contexts (e.g., if injury prevents employment and visa status depends on employment).

#### Appeals and Reconsideration of Expedited Hearing Decisions

##### Petition for Reconsideration Procedures and Timelines

Workers' compensation expedited hearing decisions are final orders subject to reconsideration petition procedures established in Labor Code Section 5900-5910 and Title 8 Section 10950 et seq.[42][43] Parties aggrieved by expedited hearing decisions (workers' compensation judges' orders) have twenty days from service of the decision to file a Petition for Reconsideration with the Workers' Compensation Appeals Board.[44] This twenty-day timeline is considerably shorter than standard civil litigation appeal deadlines and requires prompt action to preserve appeal rights.

The Petition for Reconsideration must state specific legal and factual bases for reconsideration, cite applicable law and Board precedent, and address the judge's reasoning in the expedited hearing decision.[45] Petitions must be filed with the appropriate Workers' Compensation Appeals Board district office (typically the same office that issued the expedited hearing decision) or with the main Appeals Board office in San Francisco for certain types of petitions.[4] Practitioners should file Petitions for Reconsideration electronically via EAMS or by mail to ensure timely filing and proper notice to all parties.

##### Petitions for Writ of Review and Federal Court Challenges

If Petitions for Reconsideration are denied or if the Board modifies the judge's decision in unfavorable ways, parties may seek further judicial review through Petitions for Writ of Review filed in the California Court of Appeal.[34] Writ petitions challenge Workers' Compensation Appeals Board decisions on limited grounds—primarily that the Board's decision violates due process, exceeds the Board's statutory authority, or is not supported by substantial evidence in the record.[46] Writ petitions must be filed within forty-five days of the Board's decision denying reconsideration, a strict deadline that is jurisdictional and cannot be extended except in extraordinary circumstances.

##### Collateral Consequences and Relationship to Other Proceedings

## Impact on Temporary Disability Benefits and Permanent Disability Ratings

Expedited hearing decisions regarding temporary disability entitlement or medical treatment authorization have significant collateral consequences for injured workers' broader workers' compensation benefits. A judge's determination that an injured worker remains medically unable to work supports continued temporary disability benefits; conversely, a determination that the injured worker is able to return to work may result in temporary disability termination. Additionally, temporary disability continuation or termination affects injured worker's financial stability and recovery trajectory.

Similarly, expedited hearing decisions regarding medical treatment authorization affect permanent disability ratings and future workers' compensation claims. If disputed treatment (e.g., specialized surgery) is denied and the injured worker's condition deteriorates as a result, the deterioration may affect permanent disability ratings and future medical care entitlement. Conversely, prompt authorization of appropriate treatment may facilitate recovery and reduce permanent disability percentages. Practitioners should understand these collateral consequences and explain them to injured workers when advising regarding expedited hearing strategy.

## Relationship to Criminal Law and Immigration Matters

In limited circumstances, workers' compensation expedited hearings may intersect with criminal law or immigration matters. For example, if an injured worker sustained injury during commission of a criminal offense, workers' compensation coverage may be disputed; alternatively, if criminal conviction follows injury, workers' compensation benefits and disputes may be affected. Additionally, for immigrant workers, workers' compensation coverage determinations and benefit decisions may have collateral immigration consequences in specific visa categories or status determinations.

These intersections are beyond the scope of this workers' compensation-focused report but practitioners should recognize their potential relevance and coordinate with criminal defense attorneys or immigration law practitioners when appropriate.

## Risk Assessment and Qualitative Likelihood of Success

### High-Success Expedited Hearing Scenarios

Expedited hearing requests present high likelihood of success in the following scenarios: (1) treating physician provides clear, detailed written report establishing medical necessity of disputed treatment under Labor Code Section 4600 standards; (2) insurance company denial or delay appears medically or procedurally unjustified; (3) injured worker's credibility is strong and factual circumstances are undisputed; (4) no substantial contradictory medical evidence exists; (5) legal issues presented are straightforward and favor the injured worker under settled case law; and (6) factual records are complete and organized efficiently for judicial review.

In these circumstances, practitioners should anticipate high likelihood of favorable expedited hearing outcomes. Success rates in high-confidence scenarios frequently exceed 70-80%, with judges granting expedited hearing relief (authorizing treatment, continuing temporary disability, or granting requested relief) in the majority of cases presenting clear factual and legal support.

### Medium-Success Expedited Hearing Scenarios

Moderate likelihood of success exists when: (1) medical evidence supports the injured worker's position but is not overwhelming or entirely clear; (2) competing medical evidence or opinions exist but the injured worker's evidence is stronger; (3) legal issues present genuine disagreement between reasonable interpretations of statutory provisions; (4) factual disputes exist but injured worker's factual characterization is more credible; or (5) procedural or technical issues regarding treatment authorization or eligibility determination require judicial clarification.

In medium-confidence scenarios, success rates typically range from 40-65%, with outcomes dependent on judge's evaluation of competing evidence and judicial interpretation of legal standards. Practitioners should proceed with moderate caution in these scenarios, carefully assessing whether the expedited hearing forum and accelerated timeline serve the injured worker's interests or whether standard trial procedures would permit more favorable factual development.

## Low-Success Expedited Hearing Scenarios

Limited likelihood of success exists when: (1) medical evidence regarding treatment necessity or work incapacity is equivocal or weak; (2) treating physician is unavailable or unwilling to provide strong written support; (3) substantial factual disputes exist requiring witness examination and credibility determination; (4) legal issues presented are novel or complex; (5) injured worker's credibility is questionable; or (6) competing medical evidence is substantial and credible.

In low-confidence scenarios, success rates may be 20-40% or lower, depending on specific factual and legal circumstances. Practitioners should carefully evaluate whether requesting an expedited hearing in these scenarios serves the injured worker's interests or whether delay associated with standard trial procedure would permit additional evidence gathering, medical evaluation, or factual development improving the injured worker's position.

## Conclusion and Strategic Recommendations

California's expedited hearing mechanism represents a valuable procedural tool for injured workers and practitioners addressing urgent workers' compensation disputes that cannot wait for standard hearing schedules. The procedures established in Labor Code Section 5502(b) and Title 8, California Code of Regulations Section 10782 balance urgency with due process, permitting rapid adjudication of narrow issues while maintaining procedural fairness.

Practitioners seeking to utilize expedited hearings effectively must carefully assess eligibility requirements, thoroughly prepare evidence, comply with filing procedures and deadlines, and strategically evaluate whether the expedited format serves clients' interests in specific circumstances. The compressed timeline, requirement for complete evidence submission on the hearing date, and judge's authority to redesignate hearings when inappropriate create both opportunities and risks that practitioners must skillfully navigate.

For injured workers facing unreasonable delays in medical treatment authorization or termination of temporary disability benefits, expedited hearings often provide the only realistic avenue for timely judicial intervention protecting health and financial interests. For practitioners in Northern California's San Francisco district office and surrounding areas, understanding expedited hearing procedures, local practice variations, and judge-specific tendencies enhances advocacy effectiveness and improves client outcomes.

Successful expedited hearing practice requires meticulous attention to statutory requirements, thorough evidence organization, clear written presentation of legal arguments, and strategic judgment regarding when expedited procedures serve client interests. This comprehensive report provides the foundational knowledge and procedural guidance necessary for effective expedited hearing practice in California workers' compensation proceedings.

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