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January 26, 2008

To: The Honorable Alex Sonson, Chair
and Members of the House Committee on Labor and Public Employment

Date: January 29, 2008
Time: 8:30 a.m.
Place: Conference Room 309, State Capitol

From: Darwin L.D. Ching, Director
Department of Labor and Industrial Relations

# Testimony in Opposition to H.B. 2544 – Relating to Workers' Compensation

## I. OVERVIEW OF CURRENT PROPOSED LEGISLATION

1. House Bill 2544 proposes to require that a Permanent Partial Disability ("PPD") examiner be mutually agreed upon by the employer and employee. Additionally, it also requires that the PPD rating cannot be conducted in conjunction with an employer' chosen independent medical examiner ("IME") unless agreed upon by the employee.

2. If no agreement can be reached regarding the mutually agreed upon IME, then the Department of Labor and Industrial Relations ("Department") chooses the IME physician.

## II. CURRENT LAW

Currently, section 386-79, HRS, specifies that the employee, when ordered by the director shall submit to the examination by a qualified physician designated and paid by the employer. If an employee refuses to attend the examination or obstructs in any way the examination, their rights to benefits will be suspended for the period during which the refusal or obstruction continues.

## III. HOUSE BILL

The Department support the intent of this bill to decrease the adversarial nature that arises during disputes and the bills intention to eliminate the impression of bias in the IME and to provide an assurance of impartiality. However, the Department opposes this bill for the following reasons:

1. There are already safeguards in place for permanent partial disability impairment ratings. Hawaii's workers' compensation **law requires full disclosure** of the IME report to the injured employee. The rationale for disclosure is to allow the employee the ability to determine whether the evaluation was accurate, or whether the evaluator was in any way misinformed.

   Open-disclosure also means that a poorly written report based on erroneous data and insignificant evidence can be refuted by the injured employee or their personal physician.

2. With regard to permanent impairment ratings, the Department does not believe there is a large area of disagreement in the workers' compensation community when an IME report is issued.

3. This bill seems to suggest that the IME report is the final say regarding the injured employee. It is not. The Department makes a determination based upon the evidence paced in front of the hearings officers by the employee and employer.

4. The employer and insurance carrier pays for 100% of the cost of the I.M.E. and should be afforded the choice of the I.M.E.

5. The Department also has concerns regarding the fiscal impact of this bill as it would require additional staffing and funding for the Department to develop and maintain a list of currently available physicians.

HOUSE OF REPRESENTATIVES
THE TWENTY-FOURTH LEGISLATURE
REGULAR SESSION OF 2008

COMMITTEE ON LABOR & PUBLIC EMPLOYMENT
Rep. Alex M. Sonson, Chair
Rep. Bob Nakasone, Vice Chair

Date: Tuesday, January 29, 2008
Time: 8:30 a.m.
Place: Conference Room 309, State Capitol

**TESTIMONY FRED GALDONES/ILWU LOCAL 142**

**RE: HB 2544, RELATING TO WORKERS' COMPENSATION**

Thank you for the opportunity to present testimony regarding HB 2544. We vigorously support this measure.

The bill amends Section 386-79 HRS to require the mutual selection of examining physicians to conduct permanent impairment ratings for injured workers once they have attained medical stability. It also prohibits conducting both an independent medical examination under Section 386-79 HRS and a permanent impairment rating simultaneously without the consent of the injured worker.

HB 2544 is necessary to preserve the integrity of the permanent impairment rating process. Historically, the Disability Compensation Division has required mutual consent between the injured worker and the employer or insurer to insure that the physician examiner was impartial. Physicians jointly selected recognized that they were being hired to conduct objective assessment of permanent impairment, although their examinations were paid for by the insurance carrier, and it served to offset the enormous economic advantage insurers had in adjudication compared to individual employees.

In recent years, however, insurers have often bypassed the need for separate assessments of questions about medical treatment or basic coverage by combining independent medical examinations and permanent impairment ratings. Permanent impairment ratings were conducted with independent medical examinations even though an injured worker was still receiving curative medical treatment and had not reached medical stability. The insurer would compel attendance at independent medical examinations upon the threat of suspending compensation, and then ask questions not only about medical care and coverage, but would encourage the examining physician to predict in advance whether there would be permanent impairment, irrespective of whether the injured worker had attained medical stability.

Sometimes insurers would encourage a finding that an injured worker had no permanent impairment to try to subvert the employee's right to vocational rehabilitation, since a finding that an injured worker has, or may have, a permanent impairment is a necessary condition for

receiving vocational rehabilitation under Section 386-25(b) HRS. HB 2544 seeks to end these kinds of abuses and to restore neutrality and objectivity to permanent impairment ratings. The measure will not require any added costs to administer but it will encourage the kind of balance and fairness that should always characterize workers' compensation adjudication. Accordingly, we urge that this sensible and contructive bill be enacted.

TESTIMONY IN SUPPORT OF H.B. No.'s 2544, 2929, 2545, 2752
RELATING TO WORKERS' COMPENSATION
HOUSE COMMITTEE ON LABOR & PUBLIC EMPLOYMENT
Tuesday, January 29, 2008, 8:30 a.m.

Mr. Chairman, members of the Committee, I am attorney Wayne Mukaida. I have been in practice since 1978. Since 1989, I have devoted a substantial portion of my legal practice to representing injured workers. I support H.B. No.'s 2544, 2929, 2545, and 2752 relating to Workers' Compensation and so-called "Independent Medical Examinations."

I. AGREED UPON IMEs ARE NEEDED TO HELP PREVENT UNNECESSARY DELAYS IN INITIATING PAYMENTS TO AND CARE FOR INJURED WORKERS.

The problem which these bills seek to correct is the unnecessary delay in initiating payments and care for injured workers. The unnecessary delay is caused by the practices of some insurers in selecting their "favored" physicians to examine injured workers.

The workers' compensation system is supposed to be a "no-fault" system which provides immediate medical care and compensation. The workers' compensation statute provides that there is a presumption that an injury is work related Pursuant HRS 386-31 (b), an injured worker is supposed to start receiving his benefit payment by the 10th day after the employer is notified of the employee's disability. An injured worker is also supposed to receive prompt medical care.

Unfortunately, although an injury may have been witnessed, and although an employer does not contest the injury, the start of payments and care is very often delayed by several months. The longer it takes to receive medical care, the longer it takes for an injured workers to get better, the longer it takes before an injured worker can return to work, and the higher the amount of indemnity payments.

Often, the cause of the delay is the employer/carrier's choice of their favored physician who, very predictably, will argue that there was no injury, that any medical condition was pre-existing, or that if there was an injury, it was a very temporary condition which has since resolved.

The use of agreed upon physicians will serve to reduce the abuse of the system by employers/carriers. The use of agreed upon physicians has proven to be feasible. After the condition of an injured worker has stabilized, the worker is sent to a physician for a "rating" examination to measure the extent of the permanent impairment. For years, the practice has been to require that the employer/carrier and the injured worker agree on a physician to conduct the "rating" examination. Most of the time, the agreed upon physician prepares a report which is satisfactory to all parties, simply because, more often than not, the examination is fair and correct.

The proposed bills incorporate the practice of using an agreed upon "rating" physician, to be used when an employer/carrier desires the opinion of a non-treating physician. The use of an agreed upon physician will greatly expedite cases and result if fairer treatment of injured workers.

II. CARRIERS ARE ABUSING THE SYSTEM AND DENYING PROMPT COMPENSATION TO INJURED WORKERS.

The use of agreed upon physicians is necessary because employer/carriers are abusing the system by choosing their "favored" physicians who produce reports which predictably favor the employer/carrier.
The workers compensation statute provides in HRS 386-31 (b) that an injured worker is supposed to start receiving his benefit payment by the 10th day after the employer is notified of the employee's disability. An injured worker is also supposed to receive prompt medical care.

Unfortunately, the start of payments is very often delayed by several months. The longer it takes to receive medical care, the longer it takes for an injured workers to get better, the longer it takes before an injured worker can return to work, and the higher the amount of indemnity payments.

One major cause of delay in treatment is the use of "employer medical examinations." The enactment of this bill would reduce delays in treatment, and reduce total indemnity payments and benefit both employers and employees.

In this testimony, the term "employer" refers to workers' compensation carriers and adjusters.

## III. "EMPLOYER MEDICAL EXAMINATIONS" RESULT IN LONGER PERIODS OF DISABILITY AND HIGHER INDEMNITY PAYMENTS.

One factor which prevents timely receipt of medical care is the use of "employer medical examinations." The phrase "Independent Medical Examination" (IME) should not be used in this context because it is a misnomer. Examinations by physicians chosen by an employer are too frequently not "independent", nor "medical". If employer medical examinations were truly "independent" examinations, and had the goal of restoring an employee's health and getting an employee back to work, then there would be no problem.
Unfortunately, too often the goal of an employer directed medical examination is not altruistic. The goal is often to enable an employer to escape liability, although an employee has been injured on the job and is entitled to treatment. An employer can attempt to escape liability if the employer can obtain a physician's opinion in its favor. However, the result is frequently that the Department of Labor confirms that there was a work injury or that a certain medical procedure is appropriate. Unfortunately, that result too frequently can take over 1/2 year to obtain.

### A. "EMPLOYER MEDICAL EXAMINATIONS" AT THE BEGINNING OF A CASE ARE OFTEN DEVASTATING TO INJURED WORKERS.

The use of "employer medical examinations" results in delays which often have devastating consequences to injured workers.

After an injury is reported by a worker, the workers' compensation statute allows an employer to contest the claim. The employer can contest the claim even though the injury was witnessed and is obvious. §12-10-73 of the Administrative Rules requires the employer to support a denial with a "report" within 30 days of the denial, however, the Rule also provides that the employer can request extensions of time. Since the calendar of the employer's physician is often full, the physician frequently cannot see the worker until months after the injury, and therefore the employer requests extensions for months after the injury.

There are also administrative delays. The Department of Labor can take months to schedule a hearing. A notice of hearing is not issued until one month prior to a hearing. A decision on a hearing is frequently not issued until 60 days after the hearing (60 days is the maximum period allowed under §386-86). Even if a hearing was scheduled today, there would be no Department of Labor decision until 90 days from today.
Therefore, it would not be uncommon for an injured worker to have to wait for more than a half year before a determination is made that a work injury was suffered. All this time, the worker might be without medical care and without income. He might be without a personal health plan because he is a new employee or is a part-time employee. His personal health plan might deny coverage because the employee is claiming a work injury. His personal health plan coverage will end after 3 months because the employer can stop paying for the worker's health insurance and the employee will not be able to afford to pay COBRA premiums for his coverage . He might be not be eligible for TDI coverage, nor have any available sick leave.

All too often, the devastating results are that the injured worker and his family lose their health coverage and are evicted from their residence.

B. "EMPLOYER MEDICAL EXAMINATIONS" IN THE MIDDLE OF CASES ARE ALSO DEVASTATING.

"Employer medical examinations" can also have a devastating impact in the middle of a case. Such examinations are often scheduled to contest the need for surgery. The resulting delays are the same as stated above. The injured worker has to endure the pain and suffering during the extensive period of delay. The delay also results in higher indemnity payments.

IV. THERE ARE POWERFUL FINANCIAL INCENTIVES FOR AN EMPLOYER'S PHYSICIAN TO PROVIDE OPINIONS IN EMPLOYER'S FAVOR.

The financial rewards to an employer's physician who consistently provides opinions in favor of an employer can be substantial. The fees which a worker's doctor can charge are limited by the Workers' Compensation Medical Fee Schedule. However, the Department of Labor has applied that Fee Schedule only to cases in which the Department of Labor has ordered a worker to attend an examination. Therefore, there is no limit to the fees which can be charged by employer's physicians for examinations which have not been ordered.
Information regarding the amount of money earned by a particular employer's physician from a particular insurance company is not readily available. It would seem to be an easy matter to have a subpoena issued for a federal income tax Form 1099 issued by an insurance carrier, however, the Department of Labor has refused to issue such subpoenas requested by injured workers.

In any event, employer's physicians are apparently paid more than $2,000.00 per examination. Three examinations per week yields $6,000.00. 50 weeks a year yields an income of $300.000.00. Employer's physicians can do more than 3 examinations per week. The financial incentives for an employer's physician to provide reports favoring employers are very powerful and are reflected in reports from certain employers' physicians who consistently issue opinions in employers' favor. Current law unjustly allows employer's physicians generate reports with impunity.

V. AN EMPLOYER'S PHYSICIAN SHOULD NOT BE ALLOWED TO RENDER AN OPINION WITH IMPUNITY.

A basic general rule in society is that a person should be responsible for his actions. There is no sound reason to allow employer's physicians to deviate from this general rule. Presently, an employer can readily obtain a physician's opinion to fit its needs because the employer's physician can presently state any opinion with impunity. The employer's physician is free to opine, regardless of the facts, that the injury:
(1) did not occur, (2) should have already healed, (3) was a temporary aggravation of a pre-existing condition, and has healed, (4) was entirely pre-existing, or (5) was due to non-work related conditions.

The employer then uses that opinion to deny coverage or to deny treatment. The employer's physician is also free to opine on what care is appropriate or whether a worker's condition is stable. There is no requirement for the employer's physician to explain why a worker could do his job for years, but is not able to do his job after the injury.

It is the freedom from liability that allows the employer's physician to give employer's the opinions they want without responsibility for the devastating consequences to the injured worker. The employer's physician also is empowered because of a Hawaii U.S. District Court decision which held that the employer's physician had not duty to the injured worker.
Although the employer's physician knows that his opinion will directly affect the worker, the employer's physician does not feel any obligation to the worker. The reason that an employer's physician is free to opine is that he claims that he has no doctor-patient relationship with the worker. The employer's physician knows that the impact of his opinion can be devastating to the

worker, however, he claims that he is under no duty to the worker, and therefore is not liable for any consequences.

IV. CONCLUSION.

There are physicians who conduct employer's examinations who properly consider the facts and who provide opinions which are medically sound. Attorneys representing injured workers will readily agree to have their clients examined by such physicians. Responsible insurance carriers will utilize the services of such physicians because those carriers know that proper medical treatment with a correct diagnosis will result in getting the injured worker back to work sooner, which is the correct and fair result.

The problem with employers' examinations lies with certain physicians and insurance carriers who are willing to use improper opinions to unfairly deny benefits to injured workers. The inherent disparity of the financial resources of insurance carriers versus an injured worker, who is frequently without income, makes the playing field inherently uneven in favor of the carrier. The workers' compensation system certainly does not need the unrestrained opinions of employers' physicians to allow carriers to deny benefits to injured workers.

The workers' compensation statute should be amended to simply require that the initial examination requested by employer/carrier be conducted by a physician agreed upon by the injured worker. Agreed upon examinations have proven to be effective in "rating" examinations and the practice should be incorporated into, at least, the first examination requested by employer/carriers.

Thank you for considering my testimony.

WAYNE H. MUKAIDA
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# Hawaii State Chiropractic Association

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January 26, 2008

House of Representatives
Committee on Labor & Public Employment
Chair Rep. Alex Sonson
Vice Chair Rep. Bob Nakasone

Testimony for hearing
Date: Tuesday, January 29, 2008
Time: 8:30 am
Conference Room 309

Chair Sonson, Vice Chair Nakasone, and members of the committee

My name is Gary Saito and I am the President and Executive Director of the Hawaii State Chiropractic Association. We are in **support of HB 2544**.

We believe that mutual agreement of an IME physician between the employer and the employee is the fairest way to insure an impartial PPD evaluation is conducted. Opposition to this bill would demonstrate that one of the parties means to prejudice the IME findings by depriving the other party an input on the selection of the examiner. Disability ratings must be done in the most impartial manner by a truly independent examiner.

Thank you for allowing us to provide comment on this bill.

Sincerely,

Gary Saito, DC
President and ED, HSCA

HAWAII INSURERS COUNCIL
A trade association of property and casualty insurance companies

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1003 Bishop Street
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**Alison Powers**
Executive Director

## TESTIMONY OF ALISON POWERS

HOUSE COMMITTEE ON LABOR AND PUBLIC EMPLOYMENT
Representative Alex M. Sonson, Chair
Representative Bob Nakasone, Vice Chair

Tuesday, January 29, 2008
8:30 a.m.

# HB 2544, HB 2929, HB 2545, HB 2752

Chair Sonson, Vice Chair Nakasone, and members of the committee, my name is Alison Powers, Executive Director of Hawaii Insurers Council. Hawaii Insurers Council is a non-profit trade association of property and casualty insurance companies licensed to do business in Hawaii. Member companies underwrite approximately 60% of all property and casualty insurance premiums in the state.

Hawaii Insurers Council **opposes** HB 2544, HB 2929, HB 2545, and HB 2752, which all contain similar themes by amending Section 386-79, Medical Examination by Employer's Physician.

The current system regarding IME's has been in place for some time and we believe it is working. According to the Department of Labor and Industrial Relations, ordered IME's number about 1,000 per year. In 2005, there were 52,000 new and pending workers' compensation claims, and therefore, only 2% of all cases require an ordered IME. We believe this legislation is unnecessary because most IME's occur by mutual agreement absent any statute.

Claimants can now obtain opinions or comments from their treating physician or other doctors regarding the IME opinion if they disagree. Injured workers are also able

to obtain their own ratings and if the hearings officer relies on it, the employer will be responsible for the cost.

Any proposal that requires selection of IME physician by mutual agreement will increase compensation costs and delay the delivery of medical treatments in certain cases. This benefits neither the employer nor the injured worker.

Mandating that IME physicians meet certain requirements may not increase the standard of care for the injured worker and will reduce the number of physicians willing to participate in workers' compensation cases.

We respectfully request that these bills be held.

Thank you for the opportunity to testify.

# GOODSILL ANDERSON QUINN & STIFEL

A LIMITED LIABILITY LAW PARTNERSHIP LLP

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January 28, 2008

TO: Representative Alex Sonson
Chair, Committee on Labor & Public Employment
Hawaii State Capitol, Room 323

Via Email: LABtestimony@Capitol.hawaii.gov

FROM: Anne T. Horiuchi, Esq.

H.B. 2544 Relating to Workers' Compensation
Hearing Date: Tuesday, January 29, 2008 at 8:30 a.m.

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Dear Chair Sonson and Members of the Committee on Labor & Public Employment:

I am Anne Horiuchi, testifying on behalf of the American Insurance Association (AIA). AIA represents approximately 350 major insurance companies that provide all lines of property and casualty insurance and write more than $123 billion annually in premiums. AIA members supply 23 percent of the property/casualty insurance sold in Hawaii. The association is headquartered in Washington, D.C., and has representatives in every state.

H.B. 2544 provides parameters for conducting medical examinations when determining permanent partial disability in workers' compensation cases.

AIA is in the process of reviewing the various workers' compensation measures before the Legislature. AIA generally supports the provisions of H.B. 2544.

Thank you very much for this opportunity to submit testimony.

**BIA-HAWAII**

**BUILDING INDUSTRY ASSOCIATION**

January 29, 2008

Building Industry Association of Hawaii (BIA-Hawaii)
House Labor & Public Employment Committee
January 29, 2008
8:30 a.m.
Conference Room 309

Honorable Alex Sonson, Chair
Committee on Labor & Public Employment
State Capitol, Room 309
Honolulu, Hawaii 96813

**RE: HB 2544, HB 2929, HB 2545, HB 2752**

Chair Sonson and Members of the Committee on Labor & Public Employment:

I am Karen Nakamura, Chief Executive Officer of the Building Industry Association of Hawaii (BIA-Hawaii). Chartered in 1955, the Building Industry Association of Hawaii is a professional trade organization affiliated with the National Association of Home Builders, representing the building industry and its associates. BIA-Hawaii takes a leadership role in unifying and promoting the interests of the industry to enhance the quality of life for the people of Hawaii.

BIA-Hawaii opposes HB 2544, HB 2929, HB 2545, and HB 2752 that would amend Section 386-79, Medical Examination by Employer's Physician. We believe that the current workers compensation system that has been in effect for many years works and does not warrant changes. The current workers compensation system provides for the medical costs and wage loss benefits incurred by the injured worker. BIA-Hawaii does not want to see any elimination or minimizing of employers' rights in this system.

Any proposal that requires selection of an IME physician by mutual agreement is bound to increase compensation costs and delay the delivery of medical treatments in certain cases. This benefits neither t he employer or injured worker. Mandating that IME physicians meet certain requirements may not increase the standard of care for the injured worker and will reduce the number of physicians willing to participate in workers compensation cases. For these reasons, we respectfully ask that these bills be held.

Thank you for the opportunity to share our views with you.

Karen I. Nakamura

HEMIC

Hawaii Employers' Mutual Insurance Company, Inc.

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**COMMITTEE ON LABOR & PUBLIC EMPLOYMENT**
Rep. Alex M. Sonson, Chair
Rep. Bob Nakasone, Vice Chair

Testimony Related to HB 2544
Tuesday, January 29, 2008
8:30 A.M.
Conference Room 309

Chair Sonson, Vice Chair Nakasone, and Committee Members:

I am Ernest H. Fukeda, Jr., Chief Operating Officer of Hawaii Employers' Mutual Insurance Company, Inc. (HEMIC). Thank you for the opportunity of offering testimony regarding HB 2544. Hawaii currently has a very workable Workers' Compensation system that provides avenues of fairness to both the employees and the employers. This bill introduces another step and layer into the system that can and may create another time consuming feature which, in turn, generates an expense element.

Rather, to enhance the process, workers' compensation carriers can provide a list of three (3) Independent Medical Examiners (IME) for the selection process. This will save much time for the Director, the employee and the employer.

# HAWAII STATE AFL-CIO

320 Ward Avenue, Suite 209 • Honolulu, Hawaii 96814

Randy Perreira
*President*

*Telephone: (808) 597-1441*
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The Twenty-Fourth Legislature, State of Hawaii
Hawaii State House of Representatives
Committee on Labor and Public Employment

Testimony by
Hawaii State AFL-CIO
January 29, 2008

H.B. 2544 – RELATING TO WORKERS' COMPENSATION

The Hawaii State AFL-CIO strongly supports the purpose and intent of H.B. 2544. This bill requires the mutual selection of examining physicians to conduct permanent impairment ratings of injured workers once they are medically stable. H.B. 2544 is necessary to preserve fairness and objectivity in the permanent impairment rating process. Traditionally, the Disability Compensation Division required mutual consent between the injured worker and the employer or insurer to ensure that the physician examiner was impartial.

More recently, insurers frequently bypassed the need for separate assessments of questions about medical treatment or basic coverage by combining independent medical exams and permanent impairment ratings. Permanent impairment ratings were conducted with independent medical exams even if the injured worker was receiving ongoing medical treatment and was not medically stable. The insurer would force workers to attend the independent medical exam under the threat of suspending compensation, and then encourage the examining physician to predict if there would be permanent impairment regardless of whether the injured worker was medically stable.

Some insurers encouraged a finding that an injured worker had not permanent impairment to subvert their right to vocational rehabilitation. The amendments to Section 386-79, HRS contained in H.B. 2544 will end these types of abuses and restore objectivity to permanent impairment ratings.

We appreciate the opportunity to testify in support of this measure.

Respectfully submitted,

Randy Perreira
President

LATE TESTIMONY

**PLEASE DELIVER**

**To rm 329 for:**
**Committee on Health & Public Employment**
**Tuesday**
**1/29/08**
**8:30 am**

January 29, 2008

To: Rep. Alex M. Sonson, Chair
Rep. Bob Nakasone, Vice Chair
Committee on Labor & Public Employment

From: Cynthia J. Goto, M.D., President
Linda Rasmussen, M.D., Legislative Co-Chair
Philip Hellreich, M.D., Legislative Co-Chair
Paula Arcena, Executive Director
Dick Botti, Government Affairs Liaison

Re: HB2544 Relating to Workers' Compensation

HMA agrees that a clear definition of "medical stability" is needed. However, HMA has reservations about the other aspects of the bill.

Thank you for the opportunity to testify on this matter

*OFFICERS*

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Gary Okamoto, MD
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Linda Rasmussen, MD
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Thomas Kosasa, MD
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January 29, 2008

LATE TESTIMONY

Tuesday, January 29, 2008
8:30 a.m. - House LAB, Room 309
Fax: 586-6501

To: The Honorable Alex Sonson, Chair Fax: 586-6521
And Members of the Committee on Labor and Public Employment

Re: HB 2544, HB 2929, HB 2545, HB 2752

Dear Chair Sonson and Committee Members:

I am Audrey Hidano of Hidano Construction, Inc. testifying in OPPOSITION of HB 2544, HB 2929, HB 2545 and HB 2752 which is attempting to amend Section 386-79, Medical Examination by Employer's Physician.

I believe the current system is working and this legislation is unnecessary because most IME's occur by mutual agreement absent any statute. New proposals requiring selection of an IME physician will increase costs and delay the delivery of medical treatments in some cases.

Thank you for this opportunity to testify in OPPOSITION of these bills.

Audrey Hidano

Audrey Hidano

080129 test HB 2544, HB 2929, HB 2545, HB 2752 work comp IME oppose