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CSAC EXCESS INSURANCE AUTHORITY

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Reporting Claims

Employer has knowledge, from any source, of any of the conditions which indicate a potential workers' compensation claim

- *When there is a question of injury, provide DWC-1 form to the employee, by mail if needed*



When to report? Important timeframes!

- LC 5401 - the employer shall **provide a claim form within one working day** of knowledge from any source that a work injury has occurred.
- LC 5400 – the employee has 30 days to notify employer in writing of injury

- The claims administrator must advise of a **delay, or pay benefits within 14 days** of the employers knowledge.
- LC 5402(b) - Claim is presumed accepted after 90 days. *If not reported or investigated timely, benefits may be allowed!*
- LC 5402(c) - Provides medical treatment - up to \$10,000 regardless of claim acceptance.
- LC 5405 - "Statute of Limitations" - one year from date of injury, or one year from last provision of benefits

Benefits to Prompt Reporting:

- Avoids penalties for delay of benefits.
- Increases opportunity for the TPA to investigate and when indicated, deny claims.
- Decreases potential litigation which usually increases claim costs.
- Reduces medical treatment costs (allows capture of medical savings through UR & MPN)
- Reduces potential for injury aggravation.
- Notice of an injury can be from different parties.

Injury Reporting Forms

Each employer has their own process for reporting claims. Most include the following:

5020 Form – this is the State required for to notify the claims administrator of a claim. Can be reported to York electronically (On-line 5020).

DWC1 claim form – triplicate form given to the employee, returned then signed by employer.

Internal investigation/reports

- Supervisor report
- Accident/Injury Report
- Internal investigation
- Notes or emails reporting injury

If you complete the report of an injury/accident on line, please forward the claim form and any supporting reports or documents by mail or fax to the claims examiner.

What to expect upon reporting the claim:

Three-point contact initiated with the employee, doctor & you (or designated employer contact)

- Verifies facts of accident
- Identifies any investigation or subrogation
- Obtains medical diagnosis and work status for proper claim assignment.

Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility
Formulario de Reclamo de Compensación de Trabajadores (DWC 1) y Notificación de Posible Elegibilidad



If you are injured or become ill, either physically or mentally, because of your job, including injuries resulting from a workplace crime, you may be entitled to workers' compensation benefits. Attached is the form for filing a workers' compensation claim with your employer. **You should read all of the information below.** Keep this sheet and all other papers for your records. You may be eligible for some or all of the benefits listed depending on the nature of your claim. If required you will be notified by the claims administrator, who is responsible for handling your claim, about your eligibility for benefits.

To file a claim, complete the "Employee" section of the form, keep one copy and give the rest to your employer. Your employer will then complete the "Employer" section, give you a dated copy, keep one copy and send one to the claims administrator. Benefits can't start until the claims administrator knows of the injury, so complete the form as soon as possible.

Medical Care: Your claims administrator will pay all reasonable and necessary medical care for your work injury or illness. Medical benefits may include treatment by a doctor, hospital services, physical therapy, lab tests, x-rays, and medicines. Your claims administrator will pay the costs directly so you should never see a bill. There is a limit on some medical services.

The Primary Treating Physician (PTP) is the doctor with the overall responsibility for treatment of your injury or illness. Generally your employer selects the PTP you will see for the first 30 days, however, in specified conditions, you may be treated by your predesignated doctor or medical group. If a doctor says you still need treatment after 30 days, you may be able to switch to the doctor of your choice. Different rules apply if your employer is using a Health Care Organization (HCO) or a Medical Provider Network (MPN). A MPN is a selected network of health care providers to provide treatment to workers injured on the job. You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information. If your employer has not put up a poster describing your rights to workers' compensation, you may choose your own doctor immediately.

Within one working day after you file a claim form, your employer shall authorize the provision of all treatment, consistent with the applicable treating guidelines, for the alleged injury and shall continue to be liable for up to \$10,000 in treatment until the claim is accepted or rejected.

Disclosure of Medical Records: After you make a claim for workers' compensation benefits, your medical records will not have the same level of privacy that you usually expect. If you don't agree to voluntarily release medical records, a workers' compensation judge may decide what records will be released. If you request privacy, the judge may "seal" (keep private) certain medical records.

Payment for Temporary Disability (Lost Wages): If you can't work while you are recovering from a job injury or illness, for most injuries you will receive temporary disability payments for a limited period of time. These payments may change or stop when your doctor says you are able to return to work. These benefits are tax-free. Temporary disability payments are two-thirds of your average weekly pay, within minimums and maximums set by state law. Payments are not made for the first three days you are off the job unless you are hospitalized overnight or cannot work for more than 14 days.

Return to Work: To help you to return to work as soon as possible, you should actively communicate with your treating doctor, claims administrator, and employer about the kinds of work you can do while recovering. They may coordinate efforts to return you to modified duty or other work that is medically appropriate. This modified or other duty may

Si Ud. se lesiona o se enferma, ya sea físicamente o mentalmente, debido a su trabajo, incluyendo lesiones que resulten de un crimen en el lugar de trabajo, es posible que Ud. tenga derecho a beneficios de compensación de trabajadores. Se adjunta el formulario para presentar un reclamo de compensación de trabajadores con su empleador. **Ud. debe leer toda la información a continuación.** Guarde esta hoja y todos los demás documentos para sus archivos. Es posible que usted reúna los requisitos para todos los beneficios, o parte de éstos, que se enumeran, dependiendo de la índole de su reclamo. Si se requiere, el administrador de reclamos, quien es responsable por el manejo de su reclamo, le notificará sobre su elegibilidad para beneficios.

Para presentar un reclamo, llene la sección del formulario designada para el "Empleado," guarde una copia, y déle el resto a su empleador. Entonces, su empleador completará la sección designada para el "Empleador," le dará a Ud. una copia fechada, guardará una copia, y enviará una al administrador de reclamos. Los beneficios no pueden comenzar hasta, que el administrador de reclamos se entere de la lesión, así que complete el formulario lo antes posible.

Atención Médica: Su administrador de reclamos pagará toda la atención médica razonable y necesaria, para su lesión o enfermedad relacionada con el trabajo. Es posible que los beneficios médicos incluyan el tratamiento por parte de un médico, los servicios de hospital, la terapia física, los análisis de laboratorio y las medicinas. Su administrador de reclamos pagará directamente los costos, de manera que usted nunca verá un cobro. Hay un límite para ciertos servicios médicos.

El Médico Primario que le Atiende-Primary Treating Physician PTP es el médico con la responsabilidad total para tratar su lesión o enfermedad. Generalmente, su empleador selecciona al PTP que Ud. verá durante los primeros 30 días. Sin embargo, en condiciones específicas, es posible que usted pueda ser tratado por su médico o grupo médico previamente designado. Si el doctor dice que usted aún necesita tratamiento después de 30 días, es posible que Ud. pueda cambiar al médico de su preferencia. Hay reglas diferentes que se aplican cuando su empleador usa una Organización de Cuidado Médico (HCO) o una Red de Proveedores Médicos (MPN). Una MPN es una red de proveedores de asistencia médica seleccionados para dar tratamiento a los trabajadores lesionados en el trabajo. Usted debe recibir información de su empleador si su tratamiento es cubierto por una HCO o una MPN. Hable con su empleador para más información. Si su empleador no ha colocado un cartel describiendo sus derechos para la compensación de trabajadores, Ud. puede seleccionar a su propio médico inmediatamente.

Dentro de un día después de que Ud. presente un formulario de reclamo, su empleador autorizará todo tratamiento médico de acuerdo con las pautas de tratamiento aplicables a la presunta lesión y será responsable por \$10,000 en tratamiento hasta que el reclamo sea aceptado o rechazado.

Divulgación de Expedientes Médicos: Después de que Ud. presente un reclamo para beneficios de compensación de trabajadores, sus expedientes médicos no tendrán el mismo nivel de privacidad que usted normalmente espera. Si Ud. no está de acuerdo en divulgar voluntariamente los expedientes médicos, un juez de compensación de trabajadores posiblemente decida qué expedientes se revelarán. Si Ud. solicita privacidad, es posible que el juez "selle" (mantenga privados) ciertos expedientes médicos.

Pago por Incapacidad Temporal (Sueldos Perdidos): Si Ud. no puede trabajar, mientras se está recuperando de una lesión o enfermedad relacionada con el trabajo, Ud. recibirá pagos por incapacidad temporal para la mayoría de las lesiones por un periodo limitado. Es posible que estos pagos cambien o paren, cuando su médico diga que Ud. está en condiciones de regresar a trabajar. Estos beneficios son libres de impuestos. Los pagos

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be temporary or may be extended depending on the nature of your injury or illness.

Payment for Permanent Disability: If a doctor says your injury or illness results in a permanent disability, you may receive additional payments. The amount will depend on the type of injury, your age, occupation, and date of injury.

Supplemental Job Displacement Benefit (SJDB): If you were injured after 1/1/04 and you have a permanent disability that prevents you from returning to work within 60 days after your temporary disability ends, and your employer does not offer modified or alternative work, you may qualify for a nontransferable voucher payable to a school for retraining and/or skill enhancement. If you qualify, the claims administrator will pay the costs up to the maximum set by state law based on your percentage of permanent disability.

Death Benefits: If the injury or illness causes death, payments may be made to relatives or household members who were financially dependent on the deceased worker.

It is illegal for your employer to punish or fire you for having a job injury or illness, for filing a claim, or testifying in another person's workers' compensation case (Labor Code 132a). If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

You have the right to disagree with decisions affecting your claim. If you have a disagreement, contact your claims administrator first to see if you can resolve it. If you are not receiving benefits, you may be able to get State Disability Insurance (SDI) benefits. Call State Employment Development Department at (800) 480-3287.

You can obtain free information from an information and assistance officer of the State Division of Workers' Compensation (DWC), or you can hear recorded information and a list of local offices by calling (800) 736-7401. You may also go to the DWC website at www.dwc.ca.gov.

You can consult with an attorney. Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at (415) 538-2120 or go to their web site at www.californiaspecialist.org.

por incapacidad temporal son dos tercios de su pago semanal promedio, con cantidades mínimas y máximas establecidas por las leyes estatales. Los pagos no se hacen durante los primeros tres días en que Ud. no trabaje, a menos que Ud. sea hospitalizado una noche o no pueda trabajar durante más de 14 días.

Regreso al Trabajo: Para ayudarlo a regresar a trabajar lo antes posible, Ud. debe comunicarse de manera activa con el médico que le atiende, el administrador de reclamos y el empleador, con respecto a las clases de trabajo que Ud. puede hacer mientras se recupera. Es posible que ellos coordinen esfuerzos para regresarle a un trabajo modificado, o a otro trabajo, que sea apropiado desde el punto de vista médico. Este trabajo modificado u otro trabajo podría ser temporal o podría extenderse dependiendo de la índole de su lesión o enfermedad.

Pago por Incapacidad Permanente: Si el doctor dice que su lesión o enfermedad resulta en una incapacidad permanente, es posible que Ud. reciba pagos adicionales. La cantidad dependerá de la clase de lesión, su edad, su ocupación y la fecha de la lesión.

Beneficio Suplementario por Desplazamiento de Trabajo: Si Ud. Se lesionó después del 1/1/04 y tiene una incapacidad permanente que le impide regresar al trabajo dentro de 60 días después de que los pagos por incapacidad temporal terminen, y su empleador no ofrece un trabajo modificado o alternativo, es posible que usted reúna los requisitos para recibir un vale no-transferible pagadero a una escuela para recibir un nuevo entrenamiento y/o mejorar su habilidad. Si Ud. reúne los requisitos, el administrador de reclamos pagará los gastos hasta un máximo establecido por las leyes estatales basado en su porcentaje de incapacidad permanente.

Beneficios por Muerte: Si la lesión o enfermedad causa la muerte, es posible que los pagos se hagan a los parientes o a las personas que viven en el hogar y que dependían económicamente del trabajador difunto.

Es ilegal que su empleador le castigue o despidiera, por sufrir una lesión o enfermedad en el trabajo, por presentar un reclamo o por testificar en el caso de compensación de trabajadores de otra persona. (El Código Laboral sección 132a.) De ser probado, usted puede recibir pagos por pérdida de sueldos, reposición del trabajo, aumento de beneficios y gastos hasta los límites establecidos por el estado.

Ud. tiene derecho a no estar de acuerdo con las decisiones que afecten su reclamo. Si Ud. tiene un desacuerdo, primero comuníquese con su administrador de reclamos para ver si usted puede resolverlo. Si usted no está recibiendo beneficios, es posible que Ud. pueda obtener beneficios del Seguro Estatal de Incapacidad (SDI). Llame al Departamento Estatal del Desarrollo del Empleo (EDD) al (800) 480-3287.

Ud. puede obtener información gratis, de un oficial de información y asistencia, de la División Estatal de Compensación de Trabajadores (*Division of Workers' Compensation - DWC*) o puede escuchar información grabada, así como una lista de oficinas locales llamando al (800) 736-7401. Ud. también puede consultar con la página Web de la DWC en www.dwc.ca.gov.

Ud. puede consultar con un abogado. La mayoría de los abogados ofrecen una consulta gratis. Si Ud. decide contratar a un abogado, los honorarios serán tomados de algunos de sus beneficios. Para obtener nombres de abogados de compensación de trabajadores, llame a la Asociación Estatal de Abogados de California (*State Bar*) al (415) 538-2120, ó consulte con la página Web en www.californiaspecialist.org.



WORKERS' COMPENSATION CLAIM FORM (DWC 1)

PETITION DEL EMPLEADO PARA DE COMPENSACIÓN DEL TRABAJADOR (DWC 1)

Employee: Complete the "Employee" section and give the form to your employer. Keep a copy and mail it "Employee's Temporary Receipt" until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at (800) 736-7401. An explanation of workers' compensation benefits is included as the cover sheet of this form.

Empleado: Complete la sección "Empleado" y entregue la forma a su empleador. Quélese con la copia original "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la División de Compensación al Trabajador al (800) 736-7401 para oír información grabada. En la copia cubierta de este formulario está la explicación de los beneficios de compensación al trabajador.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them.

Ud. también debería haber recibido de su empleador un folleto que describe los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Todo aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonía".

Employee—complete this section and see note above. Empleado—complete esta sección y note la notación arriba.

1. Name, *Nombre:* _____ Title, *Cargo:* _____
 2. Home Address, *Dirección Residencial:* _____
 3. City, *Ciudad:* _____ State, *Estado:* _____ Zip, *Código Postal:* _____
 4. Date of Injury, *Fecha de la lesión (accidente):* _____ Time of Injury, *Hora de producirse:* _____ AM _____ PM
 5. Address and description of where injury happened, *Dirección y descripción de dónde ocurrió el accidente:* _____
 6. Describe injury and part of body affected, *Describe la lesión y parte del cuerpo afectada:* _____
 7. Social Security Number, *Número de Seguro Social del empleado:* _____
 8. Signature of employee, *Firma del empleado:* _____

Employer—complete this section and see note below. Empleador—complete esta sección y note la notación abajo.

9. Name of employer, *Nombre del empleador:* _____
 10. Address, *Dirección:* _____
 11. Date employer first knew of injury, *Fecha en que el empleador supo por primera vez de la lesión o accidente:* _____
 12. Date claim form was provided to employee, *Fecha en que se entregó al empleado la petición:* _____
 13. Date employer received claim form, *Fecha en que el empleador recibió la petición al empleado:* _____
 14. Name and address of insurance carrier or adjusting agency, *Nombre y dirección de la compañía de seguros o agencia administradora de seguros:* _____
 15. Insurance Policy Number, *El número de la póliza de seguros:* _____
 16. Signature of employer representative, *Firma del representante del empleador:* _____
 17. Title, *Cargo:* _____ 18. Telephone, *Teléfono:* _____

Employee: You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within one working day of receipt of the form from the employer.

Empleador: Se requiere una copia firmada y fechada de esta petición por el empleado o representante de este mismo y que presente copia de esta petición a la compañía de seguros o administradora de reclamos dentro de un día hábil desde el momento de haber sido recibida la petición al empleado.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

AL FIRMAR ESTE FORMULARIO NO SIGNIFICA ADMISIÓN DE RESPONSABILIDAD

Employer only / *Solo Empleador* Employee only / *Solo Empleado* Claims Administrator only / *Solo Revisor* Times and Receipts only / *Solo Tiempos y Recibos*

EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS

FATALITY

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers compensation benefits or payments is guilty of a felony.

California law requires employers to report within five days of knowledge every occupational injury or illness which results in lost time beyond the date of the report OR requires medical treatment beyond first aid. If an employee subsequently dies as a result of a previously reported injury or illness, the employer must file within five days of knowledge an amended report indicating death. In addition, every serious injury, illness, or death must be reported immediately by telephone or telegraph to the nearest office of the California Division of Occupational Safety and Health.

1. FIRM NAME		1a. Policy Number		Please do not use this column
2. MAILING ADDRESS: (Number, Street, City, Zip)		2a. Phone Number		
3. LOCATION if different from Mailing Address (Number, Street, City and Zip)		3a. Location Code		CASE NUMBER
4. NATURE OF BUSINESS; e.g., Painting contractor, wholesale grocer, sawmill, hotel, etc.		5. State unemployment insurance acct. no.		OWNERSHIP
6. TYPE OF EMPLOYER: <input type="checkbox"/> Private <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> School District <input type="checkbox"/> Other Gov't, Specify: _____				INDUSTRY
7. DATE OF INJURY, ONSET OF ILLNESS & TIME INJURY/ILLNESS OCCURRED (mm/dd/yy)		9. TIME EMPLOYEE BEGAN WORK		11. IF EMPLOYEE DIED, DATE OF DEATH (mm/dd/yy)
11. UNABLE TO WORK FOR AT LEAST ONE FULL DAY AFTER DATE OF INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		12. DATE LAST WORKED (mm/dd/yy)		13. DATE RETURNED TO WORK (mm/dd/yy)
14. PAID FULL DAYS WAGES FOR DATE OF INJURY OR LAST DAY WORKED? <input type="checkbox"/> Yes <input type="checkbox"/> No		15. SALARY BEING CONTINUED? <input type="checkbox"/> Yes <input type="checkbox"/> No		17. DATE OF EMPLOYER'S KNOWLEDGE / NOTICE OF INJURY/ILLNESS (mm/dd/yy)
16. DATE OF EMPLOYEE'S KNOWLEDGE / NOTICE OF INJURY/ILLNESS (mm/dd/yy)		18. DATE EMPLOYEE WAS PROVIDED CLAIM FORM		19. DATE EMPLOYEE WAS PROVIDED CLAIM FORM (mm/dd/yy)
19. SPECIFIC INJURY/ILLNESS AND PART OF BODY AFFECTED, MEDICAL DIAGNOSIS if available, e.g., Second degree burns on right arm, tendonitis on left elbow, lead poisoning				
20. LOCATION WHERE EVENT OR EXPOSURE OCCURRED (Number, Street, City, Zip)		20a. COUNTY		21. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input type="checkbox"/> No
22. DEPARTMENT WHERE EVENT OR EXPOSURE OCCURRED, e.g., Shipping department, machine shop.			23. Other Workers Injured or Ill in this event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. EQUIPMENT, MATERIALS AND CHEMICALS THE EMPLOYEE WAS USING WHEN EVENT OR EXPOSURE OCCURRED, e.g., Acetylene, welding torch, farm tractor, scaffold				
25. SPECIFIC ACTIVITY THE EMPLOYEE WAS PERFORMING WHEN EVENT OR EXPOSURE OCCURRED, e.g., Welding seams of metal forms, loading boxes onto truck.				
26. HOW INJURY/ILLNESS OCCURRED. DESCRIBE SEQUENCE OF EVENTS. SPECIFY OBJECT OR EXPOSURE WHICH DIRECTLY PRODUCED THE INJURY/ILLNESS. e.g., Worker stepped back to inspect work and slipped on scrap material. As he fell, he brushed against fresh weld, and burned right hand. USE SEPARATE SHEET IF NECESSARY				
27. Name and address of physician (number, street, city, zip)			27a. Phone Number	
28. Hospitalized as an inpatient overnight? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes then, name and address of hospital (number, street, city, zip)			28a. Phone Number	
			29. Employee treated in an emergency room? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ATTENTION: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes. See CCR Title 8 14300.29 (b)(8)-(10) & 14300.36(b)(2)(E)2. See shaded boxes indicate confidential employee information as listed in CCR Title 8 14300.35(b)(2)(E)2.				
30. EMPLOYEE NAME		31. SOCIAL SECURITY NUMBER		32. DATE OF BIRTH (mm/dd/yy)
33. HOME ADDRESS (Number, Street, City, Zip)				33a. PHONE NUMBER
34. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		35. OCCUPATION (Regular job title, NO initials, abbreviations or numbers)		36. DATE OF HIRE (mm/dd/yy)
37. EMPLOYEE USUALLY WORKS _____ hours per day, _____ days per week, _____ total weekly hours		37a. EMPLOYMENT STATUS <input type="checkbox"/> regular, full-time <input type="checkbox"/> part-time <input type="checkbox"/> temporary <input type="checkbox"/> seasonal		37b. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED
38. GROSS WAGES/SALARY \$ _____ per _____		39. OTHER PAYMENTS NOT REPORTED AS WAGES/SALARY (e.g. tips, meals, overtime, bonuses, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Completed By (type or print)		Signature & Title		Date (mm/dd/yy)

Confidential information may be disclosed only to the employee, former employee, or their personal representative (CCR Title 8 14300.36), to others for the purpose of processing a workers' compensation or other insurance claim; and under certain circumstances to a public health or law enforcement agency or to a consultant hired by the employer (CCR Title 8 14300.30). CCR Title 8 14300.40 requires provision upon request to certain state and federal workplace safety agencies.

Claim Investigation

- Gather facts and information at the onset of an injury.
- Provide and communicate all information to the TPA to assist with the investigation of the claim.
- Factual information is necessary. Don't base your opinion on feelings.
- More information is better than not enough.

Benefits:

- Helps to determine the cause of accidents.
- Results allow management to take measures to decrease the frequency and the severity potential of injury claims.
- Identifies trends in unsafe work practices and unsafe conditions.
- Increases opportunity to "subrogate" or recover costs from negligent third parties.

Red Flags:

- New employee.
- No witnesses to substantial injury.
- Injury claim inconsistent with mechanics of accident.
- Discrepancy of doctor's first report vs. employee's description.
- Employees with known multiple claims.
- Injury claims following holidays or vacation.
- Monday morning or Friday claimed injuries.
- Late notification of an alleged injury.
- Discrepancy of employee's report vs. supervisor's report.

- Employees with known secondary employment.
- Employees who historically have personnel or disciplinary problems.
- Employees with known or rumored financial problems.
- Injury claims with witnesses who contradict facts.



Types of Injuries

Specific Injuries

Struck by object, slip & fall, cuts, back strain while lifting, etc.

Cumulative Trauma

Condition caused by repetitive activities developing over time.

Carpal Tunnel Syndrome

Aggravation Injuries

A pre-existing condition worsened by some aspect of employment--prior injury and medical records crucial (apportionment). Back, psyche, heart, etc.

Exacerbation is the same injury. Aggravation is a new injury.

Presumptions

Examples of Injuries: Hernia, Heart trouble, Pneumonia, Back/Duty belt, Tuberculosis, MRSA, Cancer

Examples of Occupations: Police Officer, Sheriff, Firefighter, Fish & Game Warden, Lifeguard

Some presumptions do not apply until the employee has been in the job for five years.

Some presumptions extend for a time period after employment ends; such as three calendar months for each full year of service, but not to exceed five years, beginning with the last day actually worked. Effective January 1, 2011, this has been extended to ten years.

Remember: though the injury is presumed to result from the work activity, it is not conclusive and may be rebutted with other evidence.

Also, if an injury is deemed industrial, treatment is still subject to utilization review and medical guidelines.

Types of Claims:

Incident Only – Employee does not wish or require medical treatment. *When administered by the employer, an accident report may be completed, but DWC1 claim or 5020 is not required.*

First Aid - Employee requires medical treatment that meets the OSHA requirement of First Aid (does not exceed initial doctor visit, plus one follow up visit, may include over the counter medications or testing, no lost time or work restrictions).

Administered by the TPA, or can be managed by the employer if paying medical treatment costs. DWC1 form and 5020 required if treatment exceeds "First Aid" level of care.

Medical Only - Treatment exceeds First Aid, but no indemnity benefits are expected. Employee may have up to 3 days of lost time, or work restrictions (accommodated).

These claims are reportable to the TPA and the DWC1 Claim form should be sent to the employee within 1 working day.

Indemnity

- Lost time, or indemnity benefits expected (PD)
- Investigation (delay) or subrogation issues
- Legal issues (Attorney Rep)

Future Medical – Claim which has an award of benefits. The claim may have been settled by Stipulation with Request for Award, or may have

been decided by the WCAB and a Finding and Award issued. Many awards include lifetime medical treatment for the injury.

Medical Benefits

Medical treatment "shall be authorized" consistent with American College of Occupational and Environmental Medicine (ACOEM) Guidelines up until the date of denial.

Eligibility for medical treatment is triggered by filing of DWC-1

If a claim is delayed, medical treatment is limited to \$10,000. Once the claim is denied, no medical-treatment is paid; however, there is coverage for medical-legal reports and evaluations.

All medical treatment is subject to **Utilization Review**.

The purpose of UR:

- Provide treatment protocols in accordance with ACOEM Guidelines or other nationally recognized standards
- Expedite treatment plans
- Deter unnecessary testing & equipment

UR Decisions

- Approve
- Modify – reduce or change from request
- Delay – request more information
- Deny – Not allowed

Appeals to a UR decision must be filed by a physician. However, the claims examiner may be able to request re-review by the UR physician if additional information is provided.

For injuries on/after 01/01/13, beginning 07/01/13, disputes of a UR determination are to go through the Independent Medical Review (IMR) process.

Medical treatment must be pre-authorized or reasonably necessary to cure and relieve the effects of the injury. Without prior authorization, the provider and employee risk payment being denied.

Pre-designation of Treating Physician

- Must be in writing and filed prior to date of injury
- Must be eligible for non-industrial health insurance by employer
- Must be employee's regular "physician and surgeon" and must be licensed physician
- Must be employee's primary care physician
- Physician must agree to pre-designation



Temporary Disability, Labor Code 4850 Benefits & Ed Code

Payments if employee can't perform their usual job while recovering from their industrial injury or illness.

Temporary Disability –

- Employee receives 2/3rds of their Average Weekly Wage
- May be limited to 104 weeks within 5 years from date of injury.

Labor Code 4850 Benefits – payable to safety/fire class officers in lieu of temporary disability payments

- Must be a member of the Public Employees' Retirement System (removed in 2010), but must be full time regular employees.
- Not to exceed one year

Ed Code –

- 60 days of salary continuation
- Supplementing TD with leave balances
- Substitute differential or 50% pay (depending on classification)

Wage Loss/Temporary Partial Disability - Employee can do some work while recovering but earns less than before the injury.

- Limited to two years of benefits during a five year window from date of injury.
- This includes one year of 4850 Benefits

Permanent Disability

Permanent & Stationary/Maximum Medical Improvement

An employee is declared Permanent and Stationary (P&S) once their condition and need for treatment has reached a plateau. This is also referred as Maximum Medical Improvement (MMI).

A final report from the treating physician will outline the permanent disability factors, any permanent work restrictions, and the need for future medical care. In some cases, this is completed by a Qualified Medical Evaluator.

Upon receipt of a P&S report from the treating physician, the examiner will:

- Rate the report for permanent disability, and begin advances of benefits if appropriate
- Identify work restrictions and send those to the employer
- Seek authority to send an offer of Regular Work, or determine if an Offer of Modified Work is necessary.
- Determine if the report is reliable for settlement, or seek a QME if necessary.

Either the employee or employer has the right to request a Qualified Medical Evaluation. Although we may be satisfied with the report, the employee may seek a QME to reconsider the P&S factors.

Rating Permanent Disability:

Permanent disability is determined based on the findings of the physician and outlined by ratable factors obtained from the AMA Guides, 5th Edition for dates of injury after 1/1/2004 or if it was not P&S until after 1/1/04 (case law determines the conditions that apply the AMA guides to injuries prior to 1/1/04).

To determine a dollar value of permanent disability, we first adjust the AMA rating to consider the employee's age and occupation. There is a consideration for loss in future earning capacity as well.

The formula looks like this:

15.01.02.02-8[5]-10-470H-13-11%

Where the numbers refer to:

15.01.02.02	8	[5]	10	470	H	13	11%
Impairment number/ Body part	Standard (Whole Person Impairment or WPI)	Future Earning Capacity factor (8 eff 01/01/13)	Adjustment after FEC	Occupational Group	Occupational Variant (C-J)	Adjustment after Occupation	Adjustment after Age (at time of injury)

Return to Work Adjustment

Permanent disability rate is decreased by 15% from time of offer, if:

- Offered within 60 days of permanent & stationary status
- Position must last 12 months
- Regular/modified or alternative work can be offered
- Wages are not less than 85% of pre-injury earnings

Permanent disability rate is increased by 15% when:

- No offer is made within 60 days of permanent & stationary status
- Position does not last 12 months
- Less than 85% of pre-injury earnings

For injuries on/after 01/01/13, this no longer applies.

Supplemental Job Displacement Benefits

Supplemental Job Displacement Voucher (SJDV) amount depends on the percentage of permanent disability awarded.

- \$4,000 for a permanent partial disability award of less than 15%.
- \$6,000 for a permanent partial disability award between 15 and 25 %.
- \$8,000 for a permanent partial disability award between 26 and 49 %.
- \$10,000 for a permanent disability award between 50 and 99 %.

For injuries on/after 01/01/13, the injured worker is eligible for up to \$6,000.



Return to Work Strategies

Modified duty is a position in which the employee returns to work with some change in the work assignment – but it is essentially the same job.

Alternate work assignments may be in a different department or job class.

Whether temporary or permanent, any offer of work should consider the employee's ability (physical, emotional, qualifications) to perform the functions of the work being provided to insure a safe and effective return to work.

Employer Benefits

- No temporary disability payments.
- Medical savings (Employee recovers faster).
- Eliminates costs of hiring new employees and temporary replacements.
- May reduce permanent disability.
- Improves employee morale.

Employee Benefits

- Continues to be productive.
- Remains in touch with co-workers and works in familiar setting.
- Avoids feeling isolated and depressed.
- Avoids financial stress.
- Projects a positive image to family.
- Remains visible in the workplace.
- Shows incentive and commitment to employer.

Doctor note may be required before employee can return to work.

If the employee has work restrictions, the department works with Risk Management to find a modified duty position.

Safety Personnel

May need a "fit for duty" evaluation before going back to full duty depending on department and injury.

Which doctor's report do you follow for Return to Work?

The Qualified Medical Examiner (QME) is usually followed by the Workers Compensation Judge. In some cases, the Primary Treating Physician's report can be followed if it is substantial medical evidence.

One strategy to consider is to follow the most recent physician's report – since the employee/employer who disagrees with that report would elicit a response from the prior doctor.

Always error on the side of caution, and consider work restrictions from all sources. If possible, an accommodation made on the most restrictive limitations will aid in supporting completion of the interactive process.

Return to Work Notices/Benefits

Offer of Regular Work (AD10118) – can be sent to the employee once they have been released to full duty. The offer must be sent within 60 days of the Permanent & Stationary finding to be considered timely.

Offer of Modified/Alternate Work (AD10133.53) – is sent to the employee after an interactive process is completed. The offer is written based on information provided by the employer. The timeframe is a little confusing in the statutes, but it appears if the employee is not working (and TD benefits have stopped) the employer has 30 days to send the offer timely. If the employee is working, then the employer has 60 days.

A qualifying job for modified or alternate work meets the following conditions:

- The employee has ability to perform the essential functions of the job provided;
- The job provided is in a regular position lasting at least 12 months;
- The job provided offers wages and compensation that are at least 85% of those paid at the time of the injury; and
- The job is located within reasonable commuting distance of employees residence at the time of injury.

Cases in which the employee cannot be offered Regular or Modified Work must be handled on a case-by-case basis and the benefits are determined based on the facts of the individual case. Some examples include:

- Layoff or terminated employees
- Extra help/Seasonal employees
- Unpaid workers/Volunteers

Settlement

Once a permanent disability factor is made and the return to work status is addressed, the file can be evaluated for settlement. There are two methods for settlement to avoid litigation costs and Trial on a claim:

Compromise and Release (C&R) – is a “full and final” settlement of workers’ compensation benefits. A lump sum is negotiated to close out the future medical care and right to reopen for new or further benefits.

Stipulation with Request for Award (Stips) – is an agreement to “stipulate” to a level of permanent disability or indemnity benefits. This settlement usually includes an award of future medical care. The employee may petition for new or further benefits (indemnity or medical coverage on additional body parts) within five years from the date of injury.



Both methods of settlement are approved by the Workers Compensation Judge and are deemed to be Awards/Orders of benefits when approved.

When a case is not settled, it goes to the Workers Compensation Appeals Board for hearing and/or Trial. In a Trial, the Workers Compensation Judge hears both sides of the case and makes a determination of benefits. Sometimes a Trial is needed to address a specific benefit issue, while other benefits can be agreed upon or not yet ready for final disposition.

Medicare Set-Aside Settlements

Whenever future medical care benefits are settled, Medicare requires their interests be considered in the settlement. Medicare is considered a "secondary payor" which means they provide coverage only after primary coverage is exhausted.

Because workers' compensation is considered a "primary payor" when our claim is settled, we are required to notify Medicare of the settlement when the injured worker is eligible for Medicare benefits.

If we elect to settle benefits by Compromise and Release and close out the future medical care benefits, we must notify Medicare and seek their approval in the following cases:

- The injured worker is eligible for Medicare and the settlement is over \$25,000
- The injured worker may be eligible for Medicare in the next 30 months and the settlement is over \$250,000

To verify the value of the settlement adequately considers the Medicare costs associated with the settlement, we will obtain a Medicare Set-Aside Analysis (MSA). Often times we will need the MSA to verify the settlement is reasonable even if we will not need Medicare approval on the settlement:

- Employee over 62 ½ years old
- Settlement value is over \$250,000
- The employee is retired or has not returned to the work force after one year of disability.

The value of the settlement includes the permanent disability and future medical benefits. The MSA value may be a baseline to determine reasonable settlement value, since Medicare would require at least this sum be held in an account to cover medical expenses. Attorney fees, non-Medicare covered expenses (mileage, some medications, co-pays) would be added to the MSA value along with the PD value to achieve the C&R settlement value.

When a claim is settled by Stipulations and the injured worker has coverage for future medical care, there is no need for Medicare approval to be obtained. If Medicare requests review or reimbursement for costs they have paid, we will provide appropriate reimbursement or provide documentation to dispute treatment not covered under the workers' compensation claim.

Fraud

Fraud occurs when someone knowingly lies to obtain a benefit or advantage, or to claim a benefit that is due to be denied.

Abuse

Workers' compensation abuse - Any practice that uses the workers' compensation system in a way that is contrary to the intended purpose of the workers' compensation system or law.

If you are aware of fraud or abuse, you should contact the TPA.

Work Comptionary

4850	Benefits paid to eligible safety officers, per Labor Code 4850. Full salary, non-taxed in lieu of temporary disability.
5020	Employer's Report of Injury
5021	Doctor's First Report of Injury
132(a)	Labor Code section that allows employees to petition for penalties against the employer for discriminating against an employee because they had a workers' compensation injury.
AA	Applicant Attorney
ACOEM	American College of Occupational and Environmental Medicine
Aggravation	Worsening of a prior condition which becomes a new injury
Alternate Work	An assignment other than the usual job employee worked at time of injury.
AMA	American Medical Association
AME	Agreed Medical Examiner - applicant and defense agree to use one doctor.
AOE/COE	Arising out of employment/in the course of employment
App	The legal filing that initiates litigation in the Workers' Compensation system.
Applicant	Reference to the employee or injured worker. Party who initiates proceedings at the WCAB.

Application	Application for Adjudication of Claim - The legal filing to litigate a claim (assert jurisdiction) at the WCAB.
AQME	The applicant's choice of Qualified Medical Examiner.
AWW	Average Weekly Wage usually based on 52 week history of earnings
C & R	Compromise and Release
Cal-OSHA	State of California Agency who provides standards of workplace safety (may be in addition to OSHA - the Federal standard/agency).
Claim Form	Refers to the DWC1 Claim Form required to commence workers compensation benefits.
CLMT	Claimant
CMS	Centers for Medicare Services - reporting agency who reviews settlements for Medicare.
Compromise and Release	A settlement release form that is signed by the claimant releasing all future medical and disability issues. A Workers Compensation Judge must approve the settlement.
CT	Cumulative Trauma injury
Cumulative Trauma	Type of injury which results over time from repetitive activity or poor body mechanics/ergonomics.
D&O	Decision and Order - See Finding and Award
DA	Defense Attorney
DC	Chiropractor

DEF	Defendant
Defendant	The employer, insurance carrier, or claims administrator against whom the benefits are being claimed.
DEU	Disability Evaluation Unit
Disability Evaluation Unit	A California State Agency that evaluates medical reports and converts the report to a permanent disability rating.
Dist. Atty.	District Attorney
DOB	Date of Birth
DOI	Date of Injury
DOR	Declaration of Readiness to Proceed (This assigns a court date)
DQME	Defendant's choice of medical evaluation once they have objected.
DWC-1	Employee Claim Form
DX	Diagnosis
EDD	Employment Development Department
EE	Employee
Employment Development Department	A State agency that handles disability claims. If they question a claim as being industrial, they will file a lien against the workers compensation carrier.
ER	Employer
Ergo	Reference to a review of ergonomic setting or conditions of the work station.
Exacerbation	Temporary increase in symptoms from a prior injury or condition.
F & A	Findings and Award
F & S	File and serve the document on the parties
F&A	Finding and Award
FA	First Aid claim

FEC	Future earning capacity
Finding and Award	Work Comp Judge's decision after a trial.
FMC	Future medical care - usually refers to the award of further benefits
FOV	First office visit
Future Earning Capacity	The loss of ability to compete in the open labor market or measurable earnings lost due to disability.
Future Reserve	The projected future cost of a claim.
HX	Medical history
IBR	Independent bill review
IME	Independent medical evaluator
IMR	Independent medical review
In Pro Per	Claimant is not represented by an attorney
Indemnity	Benefits paid to the injured worker as compensation for an injury.
L.C.	Labor Code
LOV	Last office visit
LP	Life Pension
MD	Doctor
Medicare Set-Aside Agreement	A document drafted to acknowledge the requirement to set-aside funds to cover Medicare eligible treatment costs.
Medicare Set-Aside Analysis	A report prepared to evaluate the costs of medical treatment if covered by Medicare.
MMI	Maximum medical improvement. The recovery of an injury has stabilized and recovery is maximized. The claim is poised for a permanent disability rating. Same as permanent and stationary.

MO	Medical Only claim (no lost time, medical payments made)
MOD ALT	The injured worker is QJW and the employer offers permanent modified duty.
MOD DUTY	The injured worker is released to work with physical/mental restrictions.
Modified Work	Modification to the job employee worked at time of injury.
MSA	Medicare Set-Aside
MSC	Mandatory Settlement Conference
NLT	No lost time
NOV	Next office visit
Object	Examiner objects to medical treatment and offers AME/QME or panel QME
OSHA	Occupational Safety and Health Administration provides standards of work safety and enforces standards. Uses data collected from employer reporting to determine employee protection guidelines. (Federal agency)
P & S	Permanent and stationary
PCP	Primary Care Physician, usually refers to private insurance provider.
PD	Permanent disability
PDA	Permanent Disability Advance
PDRS	Permanent disability rating schedule
Permanent and Stationary	Determination by a doctor that the claimant's medical condition has reached a plateau, is stable, predictable and ready for a permanent disability rating. Also see MMI

Permanent Disability	A numerical percentage rating derived from interpreting restrictions and disabilities reported by a physician.
PPD	Permanent partial disability (we usually say pd)
PQME	When claimant is not represented by an attorney and either party objects, the claimant goes through a State Panel Qualified Medical Evaluation
Presumptions	Injuries which are provided by statutes to have been caused due to the employment.
PT	Physical Therapy
PTC	Pre Trial Conference
PTD	Permanent total disability (100%)
PTD	Paid to Date - amount of money already paid on a claim
PTP	Primary Treating Physician
QJW	Qualified Injured Worker (for vocational rehabilitation)
QME	Qualified Medical Evaluator
QRR	Qualified Rehabilitation Representative
Qualified Medical Evaluator	Physician licensed with the State of California Div of WC Medical Unit to provide evaluations and reports.
Qualified Rehabilitation Representative	A vocational rehabilitation counselor selected by the insurance company that meets with a QJW to review the rehabilitation process.

REHAB	Vocational rehabilitation process that attempts to provide the QJW with job retraining and placement assistance with the goal of assisting the QJW to return to work.
Reserves	Funds held to pay claims
RTW	Return to Work
S & W	Serious and Willful Misconduct. Penalty claims filed as a result of Injury from willful violations of enforced safety policy.
SIU	Special Investigation Unit designated to address fraud investigations.
SJD	Supplemental job displacement. Vocational rehabilitation benefit.
SOL	Statute of Limitations
Statute of Limitations	A legal time frame for a party to file for benefits
Stips	Stipulations with Request for Award
Stipulations	A claim settlement where the employer and employee agree that all benefits have been paid, the level of permanent disability, future medical issues, and rights regarding re-opening a claim for more disability.
SUBRO	Subrogation (third party recovery)
Subrogation	Pursuing recovery of benefits from a third party responsible for the accident or injury to injured worker
SUBROSA	Obtaining investigation film on a person
Supplement Job Displacement Voucher	The document sent to the injured worker to allow compensation for vocational retraining and services.
SX	Surgery or Symptoms

TD	Temporary Disability
Three Point Contact	At the onset of a new loss, TPA will contact the employer, employee and physician
Total Incurred	The total cost of a claim - paid to date plus future reserves
TPD	Temporarily partial disability (modified duty or wage loss) treatment or deny the treatment.
TREATER	Treating physician.
TTD	Temporarily total disability (we usually say td)
TTD	Temporary Totally Disabled
UR	Utilization Review
Usual and Customary	Refers to the job the employee was performing at this time of injury.
Utilization Review	The process in which medical treatment is reviewed for compliance with medical guidelines.
Voc Rehab or VR	Vocational Rehabilitation
Voucher	Benefit paid by notice not actual payment; see SJDB or SJDV
VRMA	Vocational rehabilitation maintenance allowance paid to the injured worker while participating in a vocational rehabilitation program.
VRTD	Voc Rehab Temporary Disability paid in cases prior to 2004 where there was a delay in providing Voc Rehab services.
WC	Workers Compensation

WCAB	Workers Compensation Appeals Board - Court of Jurisdiction for workers' compensation claims.
WCIRB	Workers Compensation Insurance Rating Bureau - develops and calculates workers compensation experience modifications (used to determine insurance premiums)
WCJ	Workers Compensation Judge
