

Using the WKC-16-B For Worker's Compensation



Guide for Wisconsin Doctors

STATE OF WISCONSIN



Department of Workforce Development

Worker's Compensation

Introduction

The WKC-16-B form used in the Worker's Compensation program is entitled: "Practitioner's Report on Accident or Industrial Disease in Lieu of Testimony." Doctors may be asked to complete it by an insurance company, employer, attorney or employee. After the form has been completed and returned, the doctor may not be required to testify at a subsequent worker's compensation hearing.

The form was devised to provide competent medical testimony without the necessity of having doctors take time off from their schedules to appear at hearings. This guide explains the approach to some of the more troublesome questions.

The completed WKC-16-B is a document which will be made a part of the record at a worker's compensation hearing. Decisions involving medical problems are generally predicated upon these documents. Therefore, while many of the questions asked are difficult to answer, the form of the question in these documents is required by state law and court decisions.

The questions on the WKC-16-B concerning causation and disability are to be answered to a "reasonable degree of medical probability." The Worker's Compensation Act does not require 100 percent certainty. The standard is a reasonable degree of medical "probability," meaning "more likely than not" as opposed to speculation or a mere possibility. Based on the information available to doctors, they should decide whether it is more likely than not that an event or series of events caused the injury and whether the injury caused the disability.

Questions 1-3

The first three questions on the form should present no difficulties. In answering Question 3, the doctor should enter the date of accident according to the history provided by the injured employee. If the doctor is treating a work-related disease or illness, the doctor should enter the date on which the disease first caused the employee to miss time from work.

Question 4

In answering Question 4, the doctor should describe accidents (traumatic incidents) or work exposure (in case of disease) to which patients attribute their medical conditions. A legible copy of the history or notes will suffice, if they contain this information. Those notes can be copied, attached to the WKC-16-B form and referenced by indicating, for example, "See attached history and notes."

PRACTITIONER'S REPORT ON ACCIDENT OR INDUSTRIAL DISEASE IN LIEU OF TESTIMONY		Department of Workforce Development Worker's Compensation Division 201 E. Washington Ave., Rm. C100 P.O. Box 7901 Madison, WI 53707-7901 Telephone: (608) 266-1340 Fax: (608) 267-0394 http://dwd.wisconsin.gov/wc e-mail: DWDD/WC@dwd.wisconsin.gov	
FILED ON BEHALF OF: <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> EMPLOYER OR INSURANCE CARRIER			
<small>*Provision of your Social Security Number (SSN) is voluntary. Failure to provide it may result in an information processing delay. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].</small>			
1. W/C Claim Number	Employee Name		
Employee Social Security Number*	Employee Address		
2. Employer Name	3. Date of Traumatic Event		
Employer Address	Worker's Compensation Insurance Carrier		
4. Describe the accidental event or work exposure to which the patient attributes his/her condition. (A copy of medical history or notes containing this information will suffice if complete.)			
5. Give a complete description of physical or mental disability and diagnosis. (A copy of the medical history or notes containing this information will suffice if complete and limited to the work injury.)			
6. Did you treat the patient? If so, between what dates? <input type="checkbox"/> Yes <input type="checkbox"/> No and	7. Date of last examination or evaluation	8. Date disability from work began	
9. Date injured was or will be able to return to a limited type of work. State any temporary limitations.			
10. Date injured was or will be able to return to full time work subject only to permanent limitations. State any permanent limitations.			
11. In your opinion, is it probable that the event in Item 4 directly caused the disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	12. If not directly, is it probable that the event described in Item 4 caused the disability by precipitation, aggravation and acceleration of a pre-existing progressively deteriorating or degenerative condition beyond normal progression? <input type="checkbox"/> Yes <input type="checkbox"/> No		
13. If the patient suffers from a condition caused by an appreciable period of work place exposure (from Item 4), was that exposure either the sole cause of the condition, or at least a material contributory causative factor in the condition's onset or progression? <input type="checkbox"/> Yes <input type="checkbox"/> No			

14. Has accident or industrial disease resulted in any permanent disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Estimate percentage of permanent disability to the member, eye or ear involved, or compare to permanent total disability if injury is to torso or head, caused by the accident or work exposure described in Item 4.	
16. What elements constitute permanent disability (such as limitation of motion, deformity, weakness, pain, lack of endurance or components of illness, e.g., isiconias, photo toxicity, liver disease)? If limitation of motion, describe nature and percentage of limitation of each part of each member affected. (Make estimates on voluntary, not passive motions.) If amputation, state exact point bone was amputated and whether stump is tender or hardy.	
17. What is the prognosis of this disability? If guarded, please explain:	
18. Do you expect that any further treatment will be necessary for this condition? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, explain:	
19. Prior to this accident or illness, did employee have any permanent disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, explain:	
20. I am a practitioner licensed in and practicing in Wisconsin.	
Practitioner Typed or Printed Name:	CERTIFICATION
Practitioner Address (Street or P.O. Box):	I certify, subject to the penalty of fine and/or imprisonment, as provided in Sec. 943.39 of the Wisconsin Statutes, that the above report truly and correctly sets forth the history, my findings, diagnosis and opinion.
Practitioner Address (City, State and Zip Code):	
Practitioner Phone Number: () -	
College:	
	Signature of Practitioner _____ Date Signed _____
If not licensed and practicing in Wisconsin, state where practitioner is licensed and practicing:	
<small>IMPORTANT: Section 102.17(1)(d) of the Wisconsin Statutes provides that the contents of certified medical and surgical reports presented by parties shall constitute prima facie evidence as to the matter contained therein. Reports must be filed with the department and the other parties fifteen days prior to the date of hearing to be acceptable as evidence. If not so filed, it will be necessary to produce the doctor to give oral testimony at the time of hearing.</small>	

Question 5

Question 5 requires the doctor to include the subjective complaints and objective findings. If it is possible at the time the report is completed, the doctor should provide the diagnosis or a description of the physical or mental conditions from which the employee is suffering. Again, a legible copy of the history or notes, if they contain this information, can be attached and referenced.

Questions 6-7

The answers to Questions 6 and 7 are self-evident and only require a review of the doctor's notes.

Questions 8-10

Questions 8, 9 and 10 address more complex issues. These questions are directed to the issue of temporary disability. An accurate description of temporary disability is "the healing period." Following injuries, workers must be given time to recover. They may be hospitalized, at home resting, or receiving therapy and medication. When treatment is completed, the healing period has ended and is usually followed by recovery or stabilization.

Whether recovery or stabilization has occurred is strictly a medical question. The fact that some treatment is still necessary, such as physical therapy or pain medication, does not rule out the fact that the healing period may have ended. This type of treatment is referred to as "maintenance."

The answer to Question 8 provides the Worker's Compensation Division with the beginning of the healing period. A definite date is necessary. In Question 9, the Division recognizes that although patients are in healing periods, they may be able to perform limited work, or light duty, within medical restrictions imposed by the doctor. In Question 9, the doctor should indicate if the patient is able to return to limited work and, if so, specify the temporary work restrictions.

The information as to the end of the healing period (EOH) should be provided in the answer to Question 10. Again, the doctor should provide definite dates.

Questions 11-13

Questions 11, 12 and 13 relate to the issues of medical causation and should be answered to a reasonable degree of probability, as defined earlier. After the EOH has been reached and the worker's condition has stabilized, the worker may have permanent residual disability resulting from the injury. Permanent disability differs from temporary disability in that the employee will have to deal with it on a lifelong basis.

Questions 14-16

Permanent disability has been placed in two different categories by the Worker's Compensation Act. The first category is known as "scheduled disabilities." These include permanent disabilities to the arms, hands, thumbs, fingers, legs, feet and toes. Loss of vision and hearing also are scheduled disabilities. Percentage of disability in these instances is rated by comparing the permanently disabled member or organ with a member or organ which is functioning at a level of 100 percent.

The Legislature has decided that injuries to the back, neck, head, respiratory system, bodily organs (except for eyes and ears) and mental illness resulting in permanent disability are not amenable to a schedule. Therefore, the doctor must compare, on a physical basis, the resulting permanent disability with a 100 percent disability to the entire body. *This is strictly a physical or functional rating by the doctor.*

The elements which constitute the disability should be described. For example, in dealing with back injuries, doctors could state that employees are limited to lifting 25 pounds or that they cannot do repetitive bending. This is a physical evaluation. How this affects the injured worker's ability to perform in the available labor market must be addressed by the Worker's Compensation Division — not the doctor.

Doctors completing this form should "leave the disabilities where they find them." In other words, if the pain and limitation of motion is at the wrist, rate the disability at the wrist. Do not rate it as a disability of the entire arm. Question 15 is directed to the rating. Question 16 is directed to elements which constitute the disability.

Questions 17-19

Questions 17 and 18 are used by the Worker's Compensation Division to determine whether the claim should be kept open. If the doctor believes there may be an increase in disability or that further treatment is required, including maintenance, this should be indicated. This is very valuable information.

If information is available to the doctor relative to a pre-existing permanent disability, Question 19 should be answered.

Question 20

This form is to be certified, which means that the form need only be signed. It does not have to be notarized.

Other Worker's Compensation Forms and Publications

WKC-16-A: This is a special form used only in cases involving an eye injury and/or vision loss. Since the information needed to calculate permanent disability compensation for loss of vision is so different from any other type of permanent injury, the Worker's Compensation Division suggests that only this form be used to report permanent vision loss. Completion of the form is required if the injured employee received treatment for an eye injury on 3 or more occasions off the employer's premises. The form is available by request or online at:

dwd.wisconsin.gov/dwd/forms/wkc/wkc_16_a_e.htm

WKC-16: This is the most common form used by doctors to report on an injury or occupational illness. It is available online at:

dwd.wisconsin.gov/dwd/forms/WKC/wkc_16_e.htm

or upon request from the Worker's Compensation Division or an insurance carrier. It is to be completed when there is clearly permanent disability, as in the case of an amputation, when surgery has been performed (except hernia surgery), or when the period of temporary disability extends beyond three weeks. The report on this form should be based on an examination after the healing period has ended.

"How to Evaluate Permanent Disability" (WKC-7761-P) is a detailed publication available to help guide doctors in their evaluation of extent of disability. Included are explanations and definitions related to scheduled and nonscheduled injuries and language of pertinent state administrative rules. The publication is available online at:

dwd.wisconsin.gov/dwd/publications/wc/wkc-7761-p.htm

or may be ordered from the Worker's Compensation Division by calling 608-266-1340.

Remember, if all parties involved with a claim cooperate, the likelihood of litigation can be avoided, the total cost of the claim can be reduced and the injured employee will be able to return to the workforce more quickly.

Questions about Worker's Compensation should be directed to:

Wisconsin Department of Workforce Development
Worker's Compensation Division
Room C100
201 E. Washington Avenue
P.O. Box 7901
Madison, WI 53707

(608) 266-1340
(608) 267-0394 (Fax)

Website: dwd.wisconsin.gov/wc

DWD is an equal opportunity employer and service provider. If you have a disability and need assistance with this information, please dial 7-1-1 for Wisconsin Relay Service. Please contact the Worker's Compensation Division at (608) 266-1340 to request information in an alternate format, including translated to another language.