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Worker Is Injured

- Injured worker is responsible to tell employer about injury
 - Within 30 days of incident, or
 - Within 30 days of when injured worker knows it is a problem.
 (Some try to tough it out – does not disqualify them).
- Employer is responsible to tell insurance company (not just the agent!) within 7 days.
- Employer is responsible to tell injured workers that they can treat with provider of their choice. (102.42(2)(a) Wis. Stats.)



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Worker Is Injured (cont.)

- Injured worker is responsible for seeking treatment and providing restriction notes as soon as possible.

EXCEPTION! Fatalities: employer must contact Division and insurance company within one day. We prefer notification by phone.


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Insurance Company Receives Report

- Adjuster investigates claim
- Within **14 days**, adjuster must either:
 - Accept claim and pay benefits,
OR
 - Deny, with letter to injured worker explaining why claim is denied and giving information on how to remedy that reason, if applicable,
OR
 - Send a letter explaining that the claim is under investigation, again explaining why and giving recourse.



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Insurance Company Accepts Claim

- Injured worker treats with provider of choice.
- Required reports to Division within 30 days of injury or 30 days of when injury was required to be reported:
 - WKC-13 (payment to date information; date final medical report is expected), and
 - WKC-13A1 (wage information) if wage is less than maximum wage.
- Insurance company pays TTD/TPD in a timely manner. (TTD is 2/3 of AWW, up to maximum. 2022 maximum TTD rate is \$1,159.00.)



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Insurance Company Accepts Claim (cont.)

- Injured worker returns to work.
 - If there are restrictions, make sure employer follows them.
 - If injured worker returns to work without restrictions, the claim continues until they are released from care.



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Insurance Company Denies Claim

- If you determine that the claim is not compensable, send a denial letter to the injured worker.
- Denial letter to include:
 - Basis for denial.
 - How to contest the denial.
 - Appeal rights.



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Insurance Company Investigates Claim

- Investigation – Medical Records Review (MRR), recorded statements.
- Why is investigation taking so long?
 - No records from treating doc yet – let IW know so they can help
 - Voluntary auth for records release is voluntary - don't sit around waiting for it! IW is not actually required to sign it. You already have the right to the records because HIPAA doesn't apply to worker's compensation (102.13(2)(a), Wis. Stats.)
 - Need recorded statements from co-workers – ask IW for help.
- Let IW be your ally to get them out the other side of the claim as quickly as possible.



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Insurance Company Orders IME

- If insurance company contests entire claim at any point, or treating provider's treatment, restrictions, or rating, they may order an Independent Medical Examination (IME).
- IME must be scheduled at a location no further than 100 miles from injured worker's home.
 - All expenses must be paid ahead of time:
 - Mileage.
 - **Full** wage for any lost work time if injured worker is working.



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Insurance Company Orders IME (cont.)

- Notify injured worker of IME by **letter**, not email or phone call. Letter must include:
 1. **Proposed** date, time, and place of exam and IME doctor's name and specialty,
 2. How to change **proposed** date, time, and place of IME,
 3. Injured worker's rights:
 - a. To have their own doctor at IME,
 - b. To receive copy of IME report as soon as insurance carrier receives it – without having to ask for it,
 - c. To have translator at exam,
 - d. To have observer of their choice at exam.



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Insurance Company Orders IME (cont.)

- Injured worker is entitled to a copy of IME report when received.
- If insurance company requires multiple exams for same injury, they must use the same doctor for all IMEs that cover similar issues.
- If the IME doctor comes back with a rating that is higher than what the treating doctor gave, you can take the position that the treating doctor is correct.
 - Injured worker can file a hearing application for the IME doctor's rating.



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End of Healing

- Return to Work is **not** the same as End of Healing.
- If injury has a statutory minimum rating, PPD payments start within 30 days of return to work without restrictions **or** End of Healing, whichever occurs first.
- Statutory minimums? Get all narrative operative reports. (You have already started paying PPD after RTW if it's a statutory minimum.)
- Amputation? Obtain X-rays if needed. Tell us about **all** amputations.



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Final Medical Report

- Receive Final Medical Report (FMR)
 - If not challenging rating, begin PPD payments within 30 days of report date.
 - If challenging rating, give notice of request for IME within 30 days
 - If IME report not received within 90 days of notice of request, start paying PPD rating per FMR.



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Closing Claim

- Send documentation to DWD.
- **Wait** patiently – resending slows us down. Our worksheet is a courtesy. Do not wait for it to start payments.
- Pay PPD in a dependable, timely manner until benefit due is paid.
- Close claim and send final WKC-13.



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Reopening the Claim

- Reopen claim if the injury resurfaces before statute of limitations has run. Statute of limitations starts on day last indemnity benefit was **scheduled** to be paid.
- Traumatic injury sustained on or after 3/2/16:
 - 6-year statute of limitations
- Occupational disease or injury or a traumatic injury sustained before 3/2/16:
 - 12-year statute of limitations



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Litigation

- Litigation only begins when Hearing Application is actually filed with DWC.
- If injured worker retains an attorney but does not file Hearing Application, claim is **not** litigated.
- As long as the claim is not litigated, you still need to keep up your reporting.



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What Injured Workers Call Us About

- Make sure the employer follows restrictions or you risk an aggravated injury. Work culture frequently pressures workers to overextend themselves.
- Sitting in an office watching the same training video over and over is not a bona fide offer of work.



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What Injured Workers Call Us About (cont.)

- Being told they must treat with a specific provider or at the on-site clinic.
 - Employer's clinic is not the injured worker's official choice of provider. Injured worker does not have to stay with clinic you sent them to.
- Referral to a specialist isn't considered a second opinion



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Throughout Life of Claim

- Keep DWD updated.
- If we call or email you, please respond as quickly as you can. We're trying to help you close your claim and if you don't respond to the informal contacts, we'll have to send you a letter which takes more time!
- Stay in contact with injured worker. We get many calls from people who just wanted information, but they become angry because they can't reach a person.



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Throughout Life of Claim (cont.)

- You are the professional. For most injured workers, this is the first and only time they will deal with worker's compensation. They are hurt. They are scared. They worry about paying their bills. They feel lost because they don't understand the system.
- If you have a problem, call us sooner rather than later.
- If you have questions, call us sooner rather than later.



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Questions?

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