

## Flow of a Claim

1.	Denial letters, whether they are for a claim you are immediately denying or for a claim which you had previously conceded, must include the following three elements:
	a
	b, and
	C
2.	Requesting additional time beyond 6 weeks to investigate a claim will help you to avoid, but will not help you to avoid
3.	An injured worker is entitled to a copy of the IME report
	when it is received.
4.	PPD benefits payments for injuries that qualify for statutory minimum ratings must start within the earliest of or
5.	If the injured worker has had a surgery that qualifies for a statutory minimum PPD rating be sure to send the DWC copies of all
6.	The statute of limitations for traumatic work injuries sustained on or after March 2, 2016 is The starts on the day was scheduled to be paid.
7.	Litigation only begins whenis actually filed with DWC



8.	Surcharges for late reporting apply to any reports with
9.	Surcharges for late reporting are paid to
10.	If an injured worker is released to light duty with restrictions, the work to accommodate
	those restrictions must and
	must not .



# Permanent Partial Disability (PPD): Statutory Minimum Ratings, Other Disabling Elements, Multipliers, Deductions, Stacking, and Apportionment



# Delay Penalties – How to Avoid Them

1.	The Worker's Compensation Division considersreasonable length of time to investigate a claim.	to be a
2.	Delay penalties are paid to	because
3.	The first delay letters the WCD sends out are	·
4.	An extension of time to investigate a claim	excuse a delay penalty.
5.	You must begin paying PPD for an injury with a statutory of:	minimum rating on the earliest
	a	or
	b	



# **Vocational Rehabilitation**

1.	If the injured worker has permanent work restrictions or permanent disability, and the employe
	does not offer, then the injured worker is
	eligible for vocational retraining benefits.
2.	The maintenance benefit paid while the injured worker is participating in retraining classes full
	time, is paid at a rate that is equal to the
3.	Vocational retraining beyond a duration of is approved on a
	case-by-case basis. If necessary, additional retraining time would be approved:
	To replace the AWW,
	If proroquisite courses are peeded

- If prerequisite courses are needed,
- If unexpected illness or injury causes classes to be dropped, or
- If required courses are unavailable.



## **Fatal Claims**

1.	If death benefits need to be paid to minor children, payments will need to go into a
2.	If there are no dependents but there are surviving un-estranged parents, of the total death benefit is paid to them.
3.	Death benefits include payment of for funeral expenses
4.	If an injured worker with over three weeks of temporary disability, with any permanent
	disability, or who has undergone a surgical procedure dies for reasons unrelated to his
	claim before he has reached an end of healing, our department still requires the
	submission of .



## **Advancements**

1.	An injured worker can only get an advancement on their benefits.
2.	An injured worker is eligible for advancements each calendar year.
3.	Before you can get your 5% interest credit on an advancement paid to an injured worker their must be current
4.	Even if you pay an advancement you still have to continue



# **Alternative Dispute Resolution (ADR)**

1.	Alternative Dispute Resolution (ADR) is an alternative process to, but not a replacement
	for, a
2.	In ADR, both the insurance company and the injured worker
	to reach
3.	An example of a claim that is appropriate for ADR is
1	Injured workers who are represented are



# **IMEs and Denying Claims**

•	should ask for a qualifying
1.	To close a claim that requires a final medical report, a
	must opine end of healing and address permanency.
2.	If the insurance carrier wishes to follow the opinion of an IME doctor, the carrier must
	send the Department a copy of IME reports by that doctor and a
3.	In a claim when the IME doctor acknowledges a work injury, "mistake of fact" applies to
	payments made after the date the IME doctor declares
4.	A rating higher than the IME's opinion may apply if examination notes indicated that the
	IME's rate does not meet the rating.
5.	When an insurance carrier arranges for an IME, the injured worker must receive full
	payment for transportation, parking, lost wages at full value, and any other expenses
	including a meal if applicable the IME takes place.
6.	The letter setting up the IME must include the procedure for
	the proposed date, time, and place.
7.	The injured worker should be sent a copy of the IME report
	the insurance carrier receives it.



8.	The Agreed-Upon Bill of April 11, 2022, allows the injured worker to bring
	to the examination.
9.	If a claim has a rating from the treating provider and a lower one from the IME, the
	Department will the ratings



# **Final Medical Reports and Tips for Closing Claims**

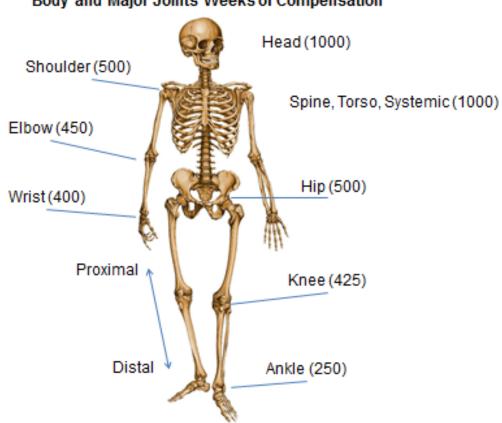


## **PPD Calculations**

## **General considerations:**

- Is this a scheduled or unscheduled injury?
- What is the **number of weeks** associated with the injured body part?
- Does a **statutory minimum rating** apply to this injury / surgery?
- Are there any **other elements of disability**?
- Is there a **prior disability** to deduct?
- Is there a **multiplier or stacking** that applies?
- PPD weeks of payment = (# of weeks for body part) X (% disability rated by doctor)
- PPD total payment = (PPD weeks of payment) X (PPD rate based on wage)
- Monthly rate = (weekly rate) X 4.33333

## Body and Major Joints Weeks of Compensation





#### **Knees**

Scheduled = 425 weeks

**Statutory minimums** How to Evaluate Permanent Disability Page 5, 80.32 (4)

- ROM Ankylosis = 40%
  - $\circ$  Flexion limited to  $45^{\circ} = 25\%$
  - $\circ$  Flexion limited to  $90^{\circ} = 10\%$
- Prosthesis Total = 50%
- Prosthesis Partial = 45%

- Meniscectomy (excellent to good) = 5%
- Anterior Cruciate Ligament repair = 10%
- Removal of Patella based on functional impairment
- Amputation
- 1. Work related anterior cruciate ligament (ACL) complete tear and repair?
- 2. Work related medial collateral ligament (MCL) complete tear and repair?
- 3. Work related ACL and meniscus tears with ACL repair and partial meniscectomy?
- 4. Work related meniscal repair?
- 5. Work related ACL tear and repair followed by retear and repair (excellent outcomes x 2)?

6. Work related ACL tear and repair (poor outcome) followed by retear and repair (excellent outcome)?



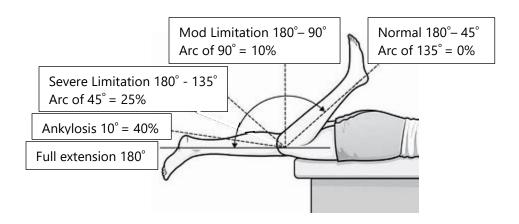
7.	Work related ACL tear and repair (excellent outcome) followed by retear and repair (poor outcome)?
8.	Work related ACL tear and repair x 2 followed by total knee replacement?
9.	Work related ACL repairs x 2 then total knee replacement then partial knee replacement?
10.	Pre-existing ACL tear and repair (unrelated to work) followed by work related ACL tear and repair?
11.	Pre-existing ACL tear and repair x 2 unrelated to work, work injury causes total knee replacement?
12.	Pre-existing degenerative joint disease followed by work related total knee replacement?



13.	Below the knee amputation suitable for use of prosthesis?
1 /	Injury regults in applie fusion and ACL repair?
14.	Injury results in ankle fusion and ACL repair?
15.	Pre-existing ankle fusion followed by work related ACL tear and repair?



16. Posterior cruciate ligament tear and repair with residual limitation of knee flexion to 90°?



17. Lateral meniscus tear and meniscectomy with residual knee flexion limited to  $45^{\circ}$ ?

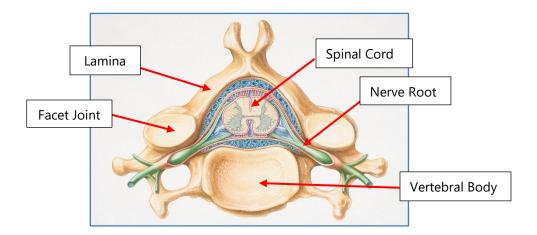


## **Spine**

Unscheduled = 1000 weeks

**Statutory minimums** How to Evaluate Permanent Disability Page 5, 80.32 (4)

- Removal of disc material or relief from effects of disc lesion or spinal cord pressure = 5%
- Spinal fusion (good results) = 5% minimum per level
- Removal of disc material and fusion = 10% per level
- Artificial spinal disc = 7.5%
- Compression fractures of vertebrae causing permanent disability = 5% and graded upward
- 1. L4-5 disc herniation treated with epidural steroid injection and physical therapy?
- 2. L4-5 disc herniation treated with L hemi-laminectomy and bilateral partial facetectomies?



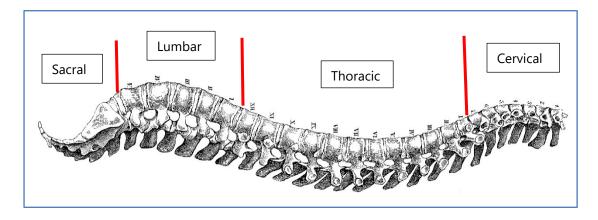
- 3. L4-5 disc herniation treated partial discectomy residual spinal flexion limited to 45°?
- 4. L4-5 disc herniation treated with insertion of a fusion cage?



5.	L4-5 disc herniation treated with hemi-laminectomy and partial discectomy, followed by re-herniation at the same level treated with another partial discectomy, followed by another re-herniation at the same level treated with insertion of a fusion cage?
6.	L4-5 disc herniation treated with insertion of fusion cage, followed by herniation at L5-S1 treated with insertion of fusion cage?
7.	L5-S1 fusion is solid, L4-5 fusion no longer solid (has pseudoarthrosis), and new herniation at L3-4 treated with insertion of L3-4 fusion cage, plus fusion rods and screws from L3-S1?
8.	Pre-existing L4-5 herniation and fusion (unrelated to work) followed by work related C5-6 disc herniation treated with insertion of an artificial disc?



9. Vertebral compression fracture healed but back gets sore in the area after heavier lifting?



10. T11 burst fracture treated surgically with T9-L1 fusion (good outcome)?

11. T11 burst fracture treated surgically with T9-L1 fusion with residual paraplegia?

12. Paraplegic with new C5-6 disc herniation treated surgically with artificial disc?

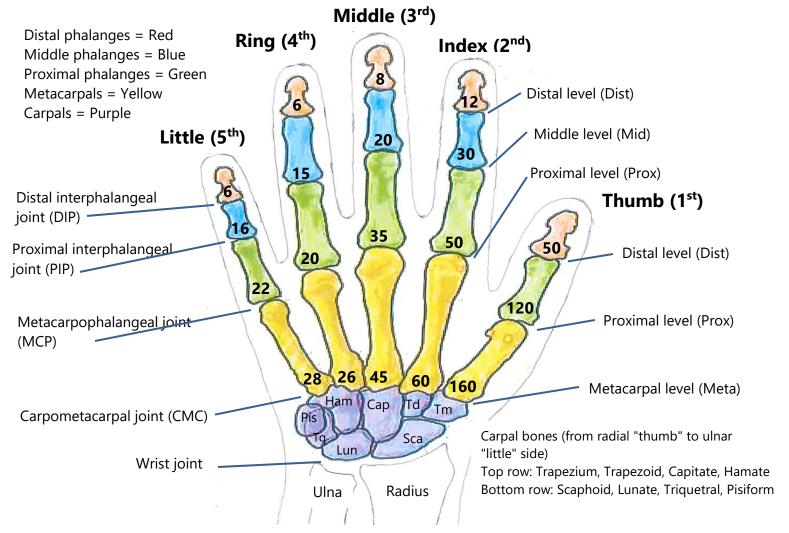


13. Pre-existing hip replacement followed by new L4-5 disc herniation treated surgically with fusion cage?

14. Work related C5-6 disc herniation then bad car crash unrelated to work then C5-6 artificial disc?



## Hand Injury Weeks of Compensation



#### **Amputations**

Fingertip (distal phalanx):

Less than or equal to 1/3 = 45%

Between 1/3 and 2/3 = 80%

Greater than 2/3 = 100%

Middle or proximal phalanx:

Ratio residual bone vs. normal bone on comp

x-ray at joint proximal to amp

**Combinations:** 

All fingers at proximal level = 225 weeks

Palm where thumb remains = 325 weeks

Multiple disabling finger injuries to same hand

First equal or lesser injury X 100%

Second or more equal or lesser injury X 150%

Dominant hand multiplier = 25%

Complete Ankylosis (Fusion, either surgical or non-surgical)					
-	Joint	Mid Position	Complete Ext		
Thumb	Dist	25%	35%		
	Prox	15%	20%		
	Dist and Prox	35%	65%		
	Carpometacarpal (CMC)	20%	20%		
	Dist, Prox, and CMC	85%	100%		
Fingers	Dist	25%	35%		
	Mid	75%	85%		
•	Prox	40%	50%		
	Dist and Mid	85%	100%		
	Dist, Mid, and Prox	100%	100%		

Sensory Loss				
	<b>Entire Digit</b>	Palmar	Dorsal	
Any digit	50%	35%	15%	



## **Thumb and Fingers**

1. Thumb ankylosis of proximal joint in complete extension?

- 2. Dominant R middle finger ankylosis of distal and middle joints in mid position?
- 3. Dominant R middle finger ankylosis of distal and middle joints in mid position plus lost sensation over palmar surface distal to the middle joint?

4. Amputation of dominant R middle finger 50% of distal phalanx?



- 12	
5.	Amputation of dominant R index finger 50% of middle phalanx?
6	Amputations of dominant R middle finger 50% of distal phalanx and R index finger 50%
٥.	of middle phalanx?
	of fillidate phalanx:
7.	Amputation of dominant R thumb at MCP joint?



8.	Amputations of dominant R thumb at MCP joint and R index finger 50% of middle phalanx?
9.	Amputations of dominant R thumb at MCP joint that is reimplanted but proximal phalanx is now 10% shorter?
10.	Amputations of dominant R thumb at MCP joint that is reimplanted without bone shortening and R index finger 50% of middle phalanx?
11.	Index finger PIP joint range of motion 0° - 90°?



12. Middle finger DIP joint 35° of lost flexion and 7° of lost extension?
13. Index finger PIP joint $10^\circ$ of lost flexion and middle finger DIP joint $35^\circ$ of lost flexion and $7^\circ$ of lost extension?
14. Amputations of dominant R index finger 50% of middle phalanx and R middle finger 50% of distal phalanx and index finger PIP joint 10°?
15. Amputations of dominant R index finger 50% of middle phalanx and R middle finger 50% of distal phalanx and index finger PIP joint 10° of lost flexion and lost sensation over dorsal aspect of remaining middle finger distal phalanx?



# Wage – Basic Concepts and Definitions



## **Wage Exercises**

## Exercise 1

**Injured Worker Information** 

**Date Hired**: Monday, 1/30/23 **Date Injured**: Wednesday, 3/8/23

**Age**: 22

Pay Rate: \$14.00/hour at time of injury

**Schedule**: 40 hours/week

## **Wage History**

Start Week	End Week	Gross	Hours Worked
3/19/2023	3/25/2023	\$602	42
3/12/2023	3/18/2023	\$560	40
3/5/2023	3/11/2023		
2/26/2023	3/4/2023	\$364	26
2/19/2023	2/25/2023	\$532	38
2/12/2023	2/18/2023	\$553	39.5
2/5/2023	2/11/2023	\$560	40
1/29/2023	2/4/2023	\$546	39
1/22/2023	1/28/2023		

## **Questions:**

- What is the injured worker's AWW?
- What is the injured worker's TTD rate?
- What is the injured worker's PPD rate?



## Exercise 2

**Injured Worker Information** 

**Date Hired**: Monday, 6/6/22 **Date Injured**: Friday, 4/7/23

**Age**: 31

**Pay Rate:** \$21.00/hour at time of injury

**Schedule**: 40 hours/week **Gross Pay**: \$43,120.00

**Number of Weeks Worked in Year Before Injury**: 44

#### **Questions:**

• What is the injured worker's AWW?

• What is the injured worker's TTD rate?



## Exercise 3

**Injured Worker Information** 

**Date Hired**: 6/9/16 **Date Injured**: 4/6/23

Pay Rate: \$26.00/hour at time of injury

**Schedule**: 45 hours/week

Overtime paid after 40 hours/week

**Gross Pay**: \$56,740.00

**Number of Weeks Worked in Year Before Injury**: 49

### **Questions:**

• What is the injured worker's AWW?

• What is the injured worker's TTD rate?



## Exercise 4 – Part-time

**Injured Worker Information** 

**Date Hired**: 8/20/18 **Date Injured**: 2/9/23

**Age**: 58

**Pay Rate:** \$10.00/hour at time of injury **Schedule**: Averages 18 hours/week

**Gross Pay**: \$9,360.00

**Number of Weeks Worked in Year Before Injury**: 52

**Employee self-restricts** 

### **Questions:**

• What is the injured worker's AWW?

• What is the injured worker's TTD rate?



## Exercise 5 – Part-time

**Injured Worker Information** 

**Date Hired**: 4/30/19 **Date Injured**: 1/20/23

**Age**: 42

**Pay Rate:** \$20.00/hour at time of injury **Schedule**: Averages 24 hours/week

**Gross Pay**: \$30.680.00

**Number of Weeks Worked in Year Before Injury**: 52

**Employee self-restricts** 

### **Questions:**

• What is the injured worker's AWW?

• What is the injured worker's TTD rate?



# **Legal Updates**



# **Fundamentals of Internet Reporting**



## Pending Reports – Practical Application and Demonstration of Electronic Reporting Using the DWD Website