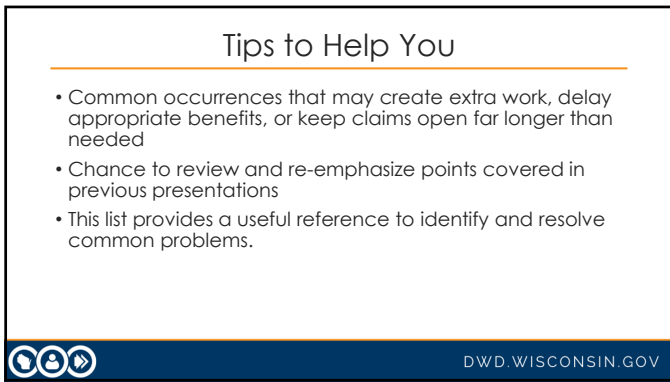
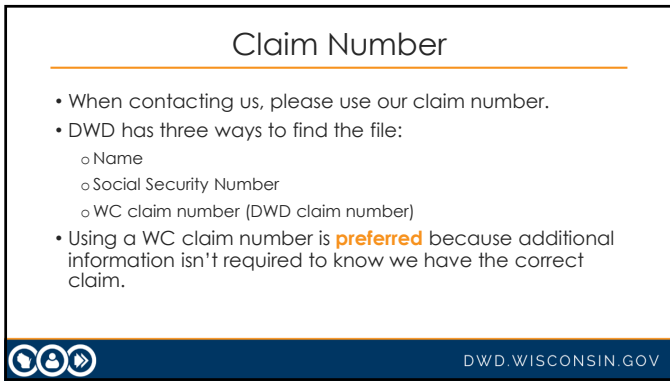




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3

Operative Reports

- Please send all narrative operative reports to DWD WC.
- We want the narrative operative report by the surgeon.
 - Usually 1-2 pages long
 - Reads like a story and describes the surgeon's actions

IMPORTANT: Do not send hospital records, anesthesiology reports, pre-op physical reports, medication reports, etc. unless explicitly asked.



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Statutory Minimums



- Minimum PPD rating required by DWD 80.32.
 - Your question:
 - "What will prevent a delay penalty?"
 - Our question:
 - "What do you reasonably know?"
- If you know that a statutory minimum rating applies, PPD payments **must** start within 30 days of the end of TTD/TPD.



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5

Statutory Minimums: Examples

- Amputation of some portion of left distal index finger
 - You don't know full amount of amputation, but you know it is at least less than 1/3. You are expected to know PPD for this type of injury and pay accordingly.
- Surgery for meniscectomy or fusion
 - You know these are stat. min. surgeries and are expected to pay accordingly.



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6

Statutory Minimums: Examples

3

ROM measurements trigger a stat min.

- The measurements aren't taken until End of Healing (EOH), so you are not expected to pay 30 days after end of TTD/TPD because you can't know this amount until EOH.

Exception: Surgery fuses a joint, so you know there is no movement possible.



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7

Meniscectomy

- **ANY** removal of meniscal tissue is considered a meniscectomy.
- If the operative report includes biting, shaving, trimming, or any other word that indicates removal of at least part of the meniscus, the department considers it a meniscectomy, even if "meniscectomy" is not specifically listed in the op report.
- If you are unsure, call us.



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8

Comparative X-rays

- We need X-rays for both the injured and **uninjured** hand.
- The law requires that we measure and compare the bone length in the two hands.
- We cannot use the following:
 - X-ray reports,
 - X-ray of just the injured hand, or
 - Photocopies of x-ray films.
- The claim will remain open until we get the comparative X-rays.



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9

Final Medical Report (FMR)

- Must be signed by treating provider: a doctor, psychologist, podiatrist, or chiropractor. If it is signed by an APRN or PA, ask for a co-signature from the collaborating physician.
- The FMR **must** include Diagnosis, End of Healing, Discharge, PPD rating assigned to a specific joint or body part, signature, and date of signature.
- WKC-16 is not required but saves time and trouble.
- An IME can **never** be a final medical report.



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10

Off-Work Notes



- Per s. 102.42(2), PAs and APRNs are allowed to treat an injured worker.
- DWD sees the decision to take an injured worker off work as a treatment decision.
- If you have an APRN or PA signature and delay benefit payments because you are insisting on a physician's signature, you may be assessed a delay penalty.



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11

Three Attempts

When you have made three attempts to get the Final Medical Report without a response, ask DWD to write a letter to the doctor.

Three attempts means:

- Three requests to the doctor's office (not the main building of the health care system, not the billing or medical records offices), **and**
- There is at least one month between requests, **and**
- Your request to us is made at least a month after your last request to the doctor.



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12

Three Attempts (cont.)

If the doctor says the injured workers has not yet reached End of Healing, you start over at request one.

- If you want us to write a letter to the doctor:
 1. Ask us, **and**
 2. Send us a copy of each attempt you made and any response from the doctor, **and**
 3. Provide us with the full name of the doctor and the doctor's **physical address**.



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13

Surcharge vs. Delay Penalty

- Surcharges are assessed when you are late reporting required information to the department.
 - Paid to Work Injury Supplemental Benefit Fund.
- These deadlines **can** be extended.
- Delay penalties are penalties charged when you pay the injured worker late.
 - Paid directly to injured worker
- The law **does not allow** for any extension for payment of due and accrued benefits.



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14

Investigation Letter

Mail your investigation letter to the injured worker within 14 days of the first report of injury.

- Letter must clearly state:
 - What you are investigating, **and**
 - How the injured worker can help you obtain the information, **and**
 - The injured worker's hearing rights if the claim is denied.
- This letter is necessary to be allowed four additional weeks for your investigation.
- Investigations should not go beyond six weeks.



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15

Litigation

- For the department to consider a claim litigated, we must have a hearing application on file.
- Even if the injured worker has an attorney, if no hearing application is on file, the insurance carrier is still responsible for providing required reports to the department.
- After the answer is received, the claim remains under the department's jurisdiction until the Alternative Dispute Resolution (ADR) process is complete.



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16

Compromises and Dismissal Requests

- When the claim is in ADR status, all compromises and dismissal requests **must** be processed by our department, DWD WC.
- It is appropriate and preferable to send **all** compromises to DWD WC.
 - Computation techs in our office calculate the worksheets the ALJs need to write orders.
- DWD WC is responsible for WC records retention. Please send all documents to us for imaging to the file. Once uploaded, both DWD WC and OWCH can easily access them.



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17

Questions?

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18
