FAQ's – Frequently Asked Questions:

What makes an injury compensable? Injuries, illnesses and conditions which, <u>more likely than not</u>, arise out of and occur in the course <u>and</u> scope of employment (AOE/COE). Remember, both criteria needs to be present

What are the types of injuries? <u>Specific</u>: One event at work (example-Slip and fall accident) or <u>Cumulative Injury</u>: Repeated exposures at work (example - Wrist injury caused by doing the same motion over and over)

Who Reports a Claim? Employee (within 1 year of incident); Employer/Supervisor (within 24 hours of <u>knowledge</u>); Medical report (Drs' 1st Report of Injury); Attorney (Application Of Adjudication); Benefit provider (lien claimant)

What are my responsibilities as an employee? Promptly report injury to your direct supervisor, If medical treatment is beyond first aid, complete the employee portion of the DWC-1 and return it to your supervisor; seek medical treatment at designated facility or pre-designated physician as set forth in Labor Code section 4600(d) 1-(d) 2 and follow doctor's order; and give supervisor "Work Status Report" after every appointment

What are the supervisor's responsibilities? Complete Employer claim form (5020), provide employee with Employee claim form (DWC1); direct or assist employee to appropriate medical care provider

What happens <u>after</u> an injury is reported? The TPA conducts telephonic or obtains interviews with employees, supervisors and doctors to obtain facts, determines if injury meets AOE/COE requirements and advises employee by letter if claim is delayed, denied or accepted

What happens when a claim is delayed? The TPA will send a notice to the injured employees advising them of the reason and delay process; obtain and review medical records, personnel, and other employment information; obtain recorded statements from supervisor, employee and witnesses; obtain background check to determine prior injuries reported; and arrange for employer-paid medical examination. The employee can file for SDI until a decision is made on the claim if unable to work. Remember, the TPA has 90 days from date of knowledge to make a decision on the claim compensability if delayed

Can an employee obtain medical treatment while the claim is on delay? Yes, the law provides for employee to obtain appropriate medical treatment up to \$10,000.00. Treatment authorization request are subject to ACOEM guidelines and UR

What happens when a claim is denied? A denial letter will be sent to the injured employee by the decision date. The letter will clearly outline the reason for the denial and will include appeal rights

What happens when a claim is accepted? The County/TPA will provide benefits within 14 days and an acceptance letter will be sent to the injured worker. Disability pay will be provided if your treating doctor says you are unable to work. Medical treatment will be monitored via Utilization Review (UR) and ACOEM Guideline. The claim will be monitored until your medical condition is deemed permanent and stationary or reaches maximum medical improvement

What medical treatments are available under workers' compensation? California workers' compensation law requires claims administrators to authorize and pay for medical care that is "reasonably required to cure or relieve" from the effects of the injury. These treatments should fall under the ACOEM guidelines are subject to UR

What are temporary disability benefits? TD benefits are payments made to an employee who loses wages because the treating doctor says he or she is unable to do his or her usual job for more than three days, or he or she is hospitalized overnight, AND the employer does not offer other modified work that pays usual wages while the employee recovers

When do TD payments end? When the treating doctor says the employee can return to his or her usual and customary occupation. When the employee returns to his or her usual and customary job or to modified or alternate work. When the medical condition is deemed permanent and stationary or reaches maximum medical improvement. If the injury occurred on or after April 19, 2004, and TD benefits have been paid for two years (104 weeks) maximum within 5 year period

Does the department/agency provide temporary modified work? Yes. The department/agency will determine if they can accommodate you based on the doctor's work restrictions, each time a work status report is received. Remember, up to <u>90 days</u> of temporary modified work is allowed per County Policy

What is permanent disability? If the treating doctor says that the employees will never recover completely or will always be limited in the work that they can do, they may have a permanent disability, and the employees may be eligible for permanent disability (PD) benefits. PD benefits are payments that help make up for limitations in the employee's ability to compete for jobs or earn a living in the future. However, employees don't have to lose their current job to be eligible for PD benefits

What is apportionment of permanent disability? The employer is only liable for the percentage of permanent disability directly caused by the work injury. If the employee received a prior permanent disability award, there is a conclusive presumption that a previous permanent disability exists. Permanent disability can also be apportioned to non industrial causes

What are types of settlements? There are 2 commonly used settlements Stipulations with Request for Award ("Stips") is the agreement between the claims administrator and employee on how much, when and how long the employee will continue to receive PD payments. The claim will remain open for medical care for the agreed injury, as long as care is needed, consistent with ACOEM and UR. The second one is Compromise and Release ("C&R") which is an agreement between parties to pay a lump sum to cover PD payments that the employee has not received yet and other benefits, including medical care. This is a full and final settlement and is normally offered to employees that are no longer employed by the County

Is there a number I can call if I suspect fraud in workers' compensation? Yes. Help us prevent and/or stop fraud by calling this number to report suspected workers' compensation fraud: 1-866-368-3720

How can I prevent workers' compensation? By working safely, adhering to company injury/illness prevention program, and using proper ergonomics.