

# Chronology of a workers' compensation claim



## Primary care provider's role

When an injured worker (IW) presents in the clinic, the authorized treating physician (ATP) will assess the cause of the injury or illness and render a diagnosis based on the mechanism of injury. The ATP also will determine the extent of any physical restrictions.

- Assess the cause of the injury or illness.
- Render a diagnosis.
- Determine physical restrictions.



## Causality

At the first visit, the ATP will take a complete history and perform an exam specific to the complaint or injury. This includes the job duties, details about the accident or exposure, related symptoms, medical history, and the history of nonoccupational activities. The physical examination should include all relevant body parts based on history and patient complaints.

Based on the mechanism of injury, the ATP will make a medical determination regarding causality based on the medical probability the injury or illness is work related. The ATP should determine whether it is more likely than not that the work caused the injury or illness. (For example, did bumping into the desk cause the ACL to rupture?)

- Identify the mechanism of injury or illness.
- Determine whether the presenting injury or illness is work related based on the medical probability (>50% likely).

If the patient's condition is not work related, then the employer is not liable for the cost of care under workers' compensation, and medical costs will be the worker's responsibility. Ultimately, for purposes of workers' compensation benefits, the cause and compensability of a reported injury is a legal decision that may be determined by a judge.



## Activity and work restrictions

The ATP needs to clearly describe the restrictions associated with specific job duties and activities of daily living. The ATP should not indicate ambiguous restrictions such as "modified, desk, or light duty" in the documentation because an employer needs specific physical restrictions.

The duty status should be very precise around work activities, such as these examples:

- Restrictions for specific tool use such as vibratory or heavy tools.
- Avoid hot or cold environments (outdoor, refrigeration).
- Frequent lifting limited to 10 pounds.
- Occasional lifting of up to 20 pounds.
- No overhead work.
- Standing limited to 20 minutes, followed by position changes.

When determining the ability to work, the ATP should ask the IW about frequent duties such as something performed daily as well as infrequent tasks such as those performed quarterly. The ATP can contact the employer with questions about job duties and whether work tasks are performed in a supervisory role or physically performed. The ATP can ask the injured worker about home tasks too.



### **Communicating restrictions**

The ATP will give a copy of the restrictions to the IW and send a copy to the employer. It is expected the ATP will respond to the employer who requests verification of the IW's work status. The employer will decide whether the restriction can be accommodated and contact the ATP if the restrictions aren't clear.

- Give a copy of the restrictions to the IW.
- Send a copy to the employer.
- Respond to employer requests for verification of the work status and document discussion.



### **WC164 at initial visit**

- The ATP completes and signs the WC164 form.
- The form is submitted to Pinnacol within 14 days of service.
- The IW is given a copy.
- If a nurse practitioner or physician assistant completes the form, the ATP must co-sign the form.

Pinnacol's SelectNet program requires submission of the WC164 within three days in order to respond to IW and employer needs.



### **Temporary total disability (TTD) benefits**

Temporary total disability benefits are paid if an IW misses three or more working days and the ATP says the IW is not able to work the regular job at all or the employer can't provide any modified duty work.



### **Ending TTD**

TTD benefits cease when any of these situations occur:

- IW returns to modified or full duty.
- IW is at Maximum Medical Improvement (MMI).
- ATP releases the IW to regular duty.
- The ATP releases IW to modified duty offered by the employer and the IW does not accept the offer.



### **Temporary partial disability (TPD)**

- TPD benefits are paid while the IW is working with restrictions and receiving less than full wages.

- IW misses three or more days or work shifts.
- ATP gives the IW specific restrictions and the employer has modified duty available to accommodate restrictions.

It is helpful to have the IW engaged in some way with employment; it assists the IW from becoming deconditioned and disconnected from work. To make this process easy for the ATP, employer and IW, it is helpful for the ATP to know the employer's work environment.



### **What happens while an IW is unable to work?**

While the IW is off work, the Pinnacol claims rep will continue to call every two weeks and will obtain records from the medical providers to ensure progress toward recovery is being made. The claims rep will manage the temporary disability and medical benefits and utilize any needed resources such as medical case management. The claims rep will help coordinate modified duty and return to work utilizing Pinnacol's return to work specialists.



### **Follow-up visits**

Treatment is provided pursuant to the Colorado Division of Workers' Compensation Medical Treatment Guidelines. The ATP will prepare a diagnosis-based treatment plan with expected time frames for completion when treatment continues beyond six weeks. Pinnacol will routinely and regularly review claims to ensure that care is consistent with the guidelines.

If the services are covered in the guidelines, no prior authorization for payment is needed.



### **Expectations for follow-up visits**

- Send the medical records to Pinnacol for each visit.
- Update and provide the treatment plan.
- Interim reports are not required to be sent to the employer.



### **Evaluating warning signs**

#### **Noncompliance, magnification of symptoms, delayed recovery**

Pinnacol monitors the claim for noncompliance and may set up demand appointments with the ATP when the IW fails to keep appointments. If the ATP reports magnification of symptoms or recovery delays, the claims rep can engage additional resources.



### **Return to work**

Return to work is the cornerstone of claims management. It is in the best interest of the IW to stay working even in modified duty status. This keeps the family roles close to normal and avoids changing family plans such as afterschool care and day care enrollment.

As part of Pinnacol's Return to Work program, consultants are available to assist with modified duty task lists specific to the IW's industry. The ATP will verify the needed work restrictions, and, when appropriate, the employer will make a modified duty job offer that correlates with the work restrictions.



### **MMI: Maximum Medical Improvement**

MMI is determined by the ATP when no further treatment is reasonably expected to improve the worker's condition from the effects of the work injury. The ATP will advise Pinnacol when the IW has reached MMI. If applicable, the report will indicate the level of permanent medical impairment and any needed maintenance care. If there is impairment, a Level II accredited provider must perform the impairment rating.

Sometimes ATPs want to obtain an independent medical exam (IME) in order to mitigate IW frustration and anger or difficult conversations when they believe an IW does not want to return to work. However, the ATP should rarely need to request an IME in order to make a determination about whether MMI has been reached. IMEs are expensive, difficult to schedule and oftentimes contribute to avoidable delays in providing appropriate treatment. An adept ATP will be able to handle most MMI determinations on their own and have the necessary conversations with an IW. If needed, however, an alternative to an IME is to refer the IW for a second opinion.

If there is any dispute, Pinnacol may request an IME to determine whether MMI has been reached. Pinnacol will not direct medical care, but we may ask what additional treatment will improve the IW's condition if we do not see functional gain after a course of treatments.



### **Next steps toward closure**

An IME usually can be requested by either party at any time during the claim. An IME physician can determine the cause and extent of an injury, as well as reasonable, necessary and related medical treatment. Other avenues for claim closure include a hearing, adjudication, or full and final settlement of a claim.



### **Legal representation**

When an IW engages an attorney, changes in the communication process and content will be required, including additional documentation. Pinnacol's claims adjudication process does not change except to the extent that the communication goes through the attorney and should not impact the treatment plan.



### **Presence of red flags**

Providers should be aware of certain factors that may impact the claim. In some situations, an accident investigation may reveal previous performance or attendance issues.

If IWs are active in sports, clubs, hunting or body building, or their physical appearance changes, this may alert Pinnacol to investigate further. For example, an IW who has grease under his nails when he is working in an office under modified duty restrictions may be working a second job.