

COMMON QUESTIONS REGARDING WORKERS COMPENSATION CLAIMS

Q. What is a medical provider network?

A. A **medical provider network (MPN)** is a group of health care providers set up by your employer's insurance company and approved by DWC's (Department of Workers Compensation) administrative director to treat workers injured on the job. Each MPN includes a mix of doctors specializing in work-related injuries and doctors with expertise in general areas of medicine. If your employer is in an MPN your workers' compensation medical needs will be taken care of by doctors in the network unless you were eligible to predesignate your personal doctor and did so before your injury happened.

Q. What is a primary treating physician (PTP)?

A. Your primary treating physician (PTP) is the physician with the overall responsibility for treatment of your injury or illness. Generally your employer selects the PTP you will see for the first 30 days, however, in specified conditions, you may be treated by your predesignated physician or medical group. If a physician says you still need treatment after 30 days, you may be able to switch to the physician of your choice. Different rules apply if your employer is using an HCO or a medical provider network (MPN).

Q. What does predesignating a personal doctor involve?

A. This is a process you can use to tell your employer you want your personal physician to treat you for a work injury. You can predesignate your personal doctor of medicine (M.D.) or doctor of osteopathy (D.O.) only if the following conditions are met:

1. A written notice predesignating the employee's personal physician or medical group is given in writing to the employee's employer prior to the date of injury for which treatment is sought and the notice includes the physician's name and business address;
2. The employee has healthcare coverage for non-occupational injuries or illnesses on the date of injury in a plan, policy or fund; and
3. The employee's personal physician or medical group agrees to be predesignated prior to the dates of injury.

The DWC has a form for predesignating a personal physician or you should be able to get from your employer.

Q. What if I disagree with the MPN doctor's treatment plan?

A. If you disagree with your MPN doctor about your treatment, you can change to another physician on the MPN list once and/or request a qualified medical examiner (QME). You can contact your claims adjuster and make that request.

Q. What if I disagree with the MPN doctor's opinion regarding my ability to return to work, whether I'm permanently disabled, or if I need future medical treatment?

A. If you disagree with your MPN doctor on any issues other than diagnosis or treatment, you must request a qualified medical examiner (QME). This can be done by contacting your claims adjuster and making that request.

Q. I don't have an attorney and I have a disagreement about what my doctor report says about my injury. What should I do?

A. You may request a medical evaluation:

- If your claim is delayed or denied and you need a medical evaluation to find out if the claim is payable
- To find out if you are permanently disabled in some way or if you'll need future medical treatment
- If you disagree with what your treating physician says about your injury (except for a treatment issue now, if your injury occurred on or after Jan. 1, 2013, and for all dates of injury as of July 1, 2013).

COMMON QUESTIONS REGARDING WORKERS COMPENSATION CLAIMS

The physician performing this evaluation is called a QME. If you are represented, your attorney and the claims administrator may agree on a doctor to examine you. To receive a list of QMEs to choose from, contact [Audrey Kurzner the Ironworkers Workers Compensation Program Case Nurse @ 800 223-2681 ext. 3104](#).

Ask your treating physician to help if you don't know what kind of doctor should look at your injury.

Within 2 working days of the request, the case nurse will send a list of QMEs to you and the insurance company. QME lists are randomly selected and do not represent your employer or the insurance company.

You have 10 days from the date the list is printed and mailed to select a QME from the list, make an appointment and tell the insurance company which doctor you picked and the date of your appointment. If you don't do this within 10 days, the insurance company will have the right to pick the doctor you'll see and make the appointment.

What qualifications do QMEs have?

A. The DWC Medical Unit certifies QMEs in different medical specialties. A QME must be a physician licensed to practice in California. QMEs can be medical doctors, doctors of osteopathy, chiropractors, psychologists, dentists, optometrists, podiatrists or acupuncturists.

Q. How do I obtain a QME?

A. Contact the [ADR Case Nurse; Audrey Kurzner – 800 223-2681 x3104](#).

Advise her of what type of doctor you are requesting and she will provide you with a list of those doctors close to your home. You will be able to choose from that list.

Q. What's the difference between a QME and an AME?

A. If you have an attorney, your attorney and the claims administrator may agree on a doctor without using the state system for getting a QME. The doctor they agree on is called an agreed medical evaluator (AME). If they cannot agree, they must ask for a QME panel list.

Q. I don't get the QME process. Why do I need to see a QME?

A. You and/or the claims administrator might disagree with what the treating doctor says. There could be other disagreements over medical issues in your claim. A doctor has to address those disagreements. You might disagree over:

- Whether or not your injury was caused by your work
- Whether or not you may need future treatment for your injury
- Whether or not you need to stay home from work to recover
- A permanent disability rating.

The QME (or AME if you're represented by an attorney) report will help determine what benefits you receive.

Q. Is there anything I can do if I disagree with what the QME says?

A. Yes, but you have a limited amount of time to decide if you agree with the QME's report or if you need more information. When you receive the report, read it right away and decide if you think it is accurate. If not, and you have an attorney, you should talk to him or her about your options.

If you don't have an attorney, and you believe there are factual errors in the QME's report, you can request factual correction of the report by making a request within 30 days of receipt of the report.

The claims administrator may also request factual correction of the report.

COMMON QUESTIONS REGARDING WORKERS COMPENSATION CLAIMS

Upon receipt of a request for factual correction of the report, the QME is required to file a supplemental report with the DEU and state whether factual correction is necessary to ensure accuracy of the report and, if so, whether the factual corrections change the opinions of the QME stated in the comprehensive medical report.

Q. I really just want to get back to work. How can I make that happen?

A. Injured workers who return to the job as soon as medically possible have the best outcomes. They recover from their injuries faster and suffer less wage loss. Your decision about returning to work will be influenced by your doctor, your employer and the claims administrator. Communicate honestly and frequently with them for the best results.

If your doctor decides you cannot return to work while recovering from your injuries you cannot be required to go back to your job.

Sometimes you can go back to your job with work restrictions if your employer is willing and able to make accommodations. For example, your employer may change certain parts of your job or provide you with new equipment.

If your doctor says you can go back to work with restrictions but your employer is unwilling or unable to accommodate your injuries, you are not required to return to work.

Meanwhile, depending on your injuries, you may be eligible for TD (Temporary Disability), supplemental job displacement benefits or PD (Permanent Disability) benefits.

Q. How is my ability to return to work determined?

A. Returning to work safely and promptly may help in your recovery. It can also help you avoid financial losses from being off work. After you are hurt on the job, several people will work with you to decide when you will return to work and what work you will do. These people include:

- Your treating doctor
- Managers who represent your employer
- The claims administrator handling your claim for your employer.

Sometimes doctors and claims administrators do not fully understand your job or other jobs that could be assigned to you. That's why it is important that everyone stay in close contact throughout the process. You (and your attorney if you have one) should actively communicate with your treating doctor, your employer and the claims administrator about:

- The work you did before you were injured
- Your medical condition and the kinds of work you can do now
- The kinds of work your employer could make available to you.

Q. Can I work while I am recovering?

A. Soon after your injury, the treating doctor examines you and sends a report to the claims administrator about your medical condition. If the treating doctor says you are able to work, he or she should describe:

- Clear and specific limits, if any, on your job tasks while recovering. These are called work restrictions. They are intended to protect you from further injury (example: no work that requires repetitive bending or stooping, no lifting over 10 lbs)
- Changes needed, if any, in your schedule, assignments, equipment or other working conditions while recovering (example: provide headset to avoid awkward positions of the head and neck)

COMMON QUESTIONS REGARDING WORKERS COMPENSATION CLAIMS

- If the treating doctor reports that you cannot work at all while recovering you cannot be required to work.

Q. I have work restrictions. Can I work?

A. If your treating doctor reports that you can return to work under specific work restrictions, any work your employer assigns must meet these restrictions. Your employer might, for example, change certain tasks or provide helpful equipment. Or your employer may say that work like this is not available. If so, you cannot be required to work.

Q. What if I have no work restrictions?

A. If your treating doctor reports that you can return to your job without restrictions, your employer usually must give you the same job and pay you had before you were injured. The employer can require you to take the job. This could happen soon after the injury, or it could happen much later, after your condition has improved.

Q. What if my employer offers me work?

A. If the claims administrator's letter says your employer is offering you work, the job must meet the work restrictions in the doctor's report. The offer could involve:

- **Regular work:** Your old job, for a period of at least 12 months, paying the same wages and benefits as paid at the time of an injury and located within a reasonable commuting distance of where you lived at the time of your injury
- **Modified work:** Your old job, with some changes that allow you do to it. If your doctor says you will not be able to return to the job you had at the time of injury, your employer is encouraged to offer you modified work instead of supplemental job displacement benefits (SJDB). The alternative work must meet your work restrictions, last at least 12 months, pay at least 85 percent of the wages and benefits you were paid at the time you were injured and be within a reasonable commuting distance of where you lived at the time of injury
- **Alternative work:** A new job with your employer. If your doctor says you will not be able to return to the job you had at the time of injury, your employer is encouraged to offer you alternative work instead of SJDB. The alternative work must meet your work restrictions, last at least 12 months, pay at least 85 percent of the wages and benefits you were paid at the time you were injured, and be within a reasonable commuting distance of where you lived at the time of injury.

If your employer offers you modified or alternative work:

- You may have only 30 days to accept the offer. If you don't respond within 30 days, your employer could withdraw the offer
- If you fail to respond to the offer of modified or alternative work within 30 days or reject the job offer, you will probably not be entitled to supplemental job displacement benefits.

Q. What if my employer does not offer me work?

A. If you were injured between Jan. 1, 2004 and Dec. 31, 2012, and your employer has 50 or more workers, and you are not offered regular, modified or alternative work, your weekly PD benefits will be increased by 15 percent once that offer is made.

If you were injured between Jan. 1, 2004 and Dec. 31, 2012, and your employer has fewer than 50 workers, and you are not offered regular, modified or alternative work, your PD benefits will not change.

If you were injured on or after Jan. 1, 2013, your permanent disability benefits will not change if you are not offered regular, modified or alternative work, regardless of the size of the employer.

COMMON QUESTIONS REGARDING WORKERS COMPENSATION CLAIMS

Q. Besides workers' compensation benefits, can I get any other financial assistance?

A. Other benefits may be available. These include:

- Benefits paid by the state and federal governments such as [State Disability Insurance \(SDI\)](#), [unemployment insurance](#), and [Social Security Disability Insurance \(SSDI\)](#) payments
- Benefits offered by employers and unions, such as sick leave, group health insurance, long term disability (LTD) and salary continuation plans
- Payments if your injury was caused by someone other than your employer.

Q. How do I find out what's going on with my case?

A. If you have an attorney, he or she should be keeping you up to date. If you don't have an attorney or your attorney is not keeping you up to date, contact your Union Ombudsman – Eric J. Nobriga Sr. @ 626 356-3051.