

# PROVIDING MEDICAL SERVICES TO LOW-WAGE WORKERS WITH JOB INJURIES



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# PROVIDING MEDICAL SERVICES TO LOW-WAGE WORKERS WITH JOB INJURIES

MODEL TOOLS AND INSTRUCTIONS FOR COMMUNITY HEALTH CENTERS IN CALIFORNIA



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# FOREWORD

The Affordable Care Act, passed by the US Congress and signed into law by the President in March 2010, put in place comprehensive health insurance reforms that enhance the quality of care for all Americans. The Act recognizes Community Health Centers (CHCs) as well-positioned to address the specific health care needs of their communities, and offers funding to provide community-based, patient-centered comprehensive services. An essential part of those services is treating patients with work-related injuries and illnesses.

The goal of this booklet is to help CHCs put in place an effective and efficient workers' compensation program. The benefits of such a program are twofold. First, work-related injuries are an important aspect of community health, and if correctly identified and treated, make a tremendous difference in the well-being of the population CHCs serve. Second, providing medical treatment covered by workers' compensation insurance ensures that CHCs are fully paid for their services and helps CHCs expand their patient base.

As for the impact in the local population of a CHC workers' compensation program, the numbers speak for themselves. More than five million individuals make up the low-wage and underground-economy worker population in California, many of whom sustain injuries and illnesses because of the hazardous nature of their jobs. Often these workers (such as those in farming and garment manufacturing) perform duties that involve heavy physical exertion and repetitive motions performed in awkward, prolonged postures. Their jobs also involve exposure to dangerous toxins. As a result, nearly two-thirds of all reports of serious work-related injuries and illnesses come from this population.

Although employers are required to be insured for occupational injuries and illnesses, workers' compensation is often inaccessible to low-wage workers. These workers are frequently unaware of workers' compensation benefits or are unwilling or unable to access them. Only a small percentage of low-wage workers who experience a serious injury or illness on the job file a workers' compensation claim.

For those who do receive care, the work-related nature of the injury may never be recognized or addressed. When care is provided outside the workers' compensation system, the worker loses access to future medical treatment for the injury or illness, and may forfeit other essential benefits that could support the worker and his or her family during rehabilitation and return to work.

CHCs often end up absorbing injured workers' medical care costs because it is easier to shoulder those expenses rather than spend their limited resources



navigating the workers' compensation system. The costs that belong to the workers' compensation system are thus incorrectly shifted to the CHCs. The amount can be considerable: one survey conducted at five CHCs found that 21 percent of their patients reported experiencing a work-related injury or illness.

The treatment of injured workers is an opportunity for CHCs to bring in otherwise reluctant patients and their families. A low-wage, immigrant worker's visit to a doctor for a job-related injury is often the worker's first contact with the health care system. While treating the occupational condition and helping the worker avoid permanent disability, the visit is also an opportunity for the CHC to conduct education, evaluation, and primary care for other conditions commonly found in this population — including heart disease, hypertension, diabetes, dental disease, and vision problems.

This booklet will help CHCs meet important mandates for funding under the Affordable Care Act by increasing their capacity to provide patient-centered comprehensive services. A successful workers' compensation program will expand CHCs' services in their local communities, ensure injured or ill workers receive treatment and other benefits through workers' compensation, and encourage many more in the community to obtain both occupational and non-occupational health care services from CHCs.

Dori Rose Inda



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# ABOUT THIS GUIDE

This guide offers a model set of tools and instructions so community health centers (CHCs) in California can provide sustainable workers' compensation medical services.

Section I discusses the basic elements of a workers' compensation medical services program — from determining whether a patient's condition is work-related to providing appropriate treatment and obtaining payment for services rendered. Section II demonstrates the steps a CHC can take to create a cost-effective program. A glossary defines terms and acronyms used in workers' compensation and in this booklet.

To best understand the model, it is important to acknowledge why it has been so difficult for CHCs to treat patients with work-related injuries and illnesses. Community health centers commonly see injured workers whose employers may be illegally uninsured for workers' compensation, do not inform their employees about the right to receive workers' compensation benefits, or do not arrange for injured employees to receive workers' compensation medical care. This is true even though California law requires employers to purchase insurance or obtain permission from the state to be self-insured, inform their employees about workers' compensation benefits, and provide medical care to employees with job injuries.

When a patient's employer has not taken the necessary steps to be insured or self-insured for workers' compensation, clinics face problems getting paid for services rendered, unless the patient is able to establish a valid claim against the employer and obtain benefits from a special state fund called the Uninsured Employers Benefits Trust Fund (UEBTF). When the patient's employer is insured but still prevents the patient from accessing workers' compensation medical care, clinics often face problems getting paid by the employer's insurer, unless the clinic is one of the providers normally selected by the insurer to treat injured workers.

This guide discusses how CHCs can obtain payment when a patient's employer delays or discourages access to treatment, or is illegally uninsured. In some cases,





the CHC can and should provide information to the patient on how to get help from an Information & Assistance (I&A) officer or a legal services program. I&A officers are employed within the state Division of Workers' Compensation to assist injured workers who are not represented by attorneys. Further information about I&A officers is given in Appendix C1. Legal services programs offer free services to low-income persons. Further information about legal services programs is given in Appendix C2.

The information in this guide is based on the experiences of a pilot project being conducted by Salud Para La Gente in collaboration with the Watsonville Law Center and California Rural Legal Assistance, Inc. Organizations providing consultative support in the project include Kaiser Permanente and the Labor Occupational Health Program at the University of California, Berkeley.

Throughout the guide, the terms “injured” and “injury” refer to both injuries and illnesses caused by work. The term “insurer” refers to claims administrators of both insured and self-insured employers.

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## SECTION I:

# BASIC ELEMENTS OF THE PROGRAM

An effective program to provide medical services to patients with work-related injuries ensures that the clinic provides appropriate treatment and sends reports to the employer's workers' compensation insurer, and that the insurer pays for the medical services provided to the patient.

### A. Provide urgent or emergency treatment as needed

Regardless of whether a patient's condition is work-related and can be covered by workers' compensation insurance, provide urgent or emergency treatment if needed. The steps to providing services that can be reimbursed by workers' compensation insurance are discussed in the following subsections.

### B. Determine whether the patient's condition is work-related

It is important to determine early in the process and document whether a patient's condition is work-related. This will help ensure that appropriate treatment is given and medical services are fully reimbursed. Methods to identify work-related injuries include:

- ◆ Posting signs asking all patients to tell clinic staff if their condition is work-related. (Sample posters, in English and Spanish, are shown in Appendix A1.)
- ◆ Creating intake forms and scripts for patient care staff so they know how to ask patients whether the condition is work-related. (A sample intake form is shown in Appendix A2, and a sample telephone script, in English and Spanish, is shown in Appendix A3.)
- ◆ Asking patients how the injury or illness happened, and recognizing that an injury could be work-related even when the patient is unable or unwilling to identify the injury as such.

**Note:** Always inform a patient that the employer will be notified about work-related injuries. If a patient is afraid to have his or her injury reported as work-related,

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the physician or other provider staff should explain that not doing so may affect the patient's rights to future medical care and financial benefits, and ability to fully recover. This will help the patient weigh the pros and cons of reporting the injury. The physician and other provider staff should record their medical findings on what caused the patient's condition regardless of whether the patient agrees with the findings.

### **C. Identify the patient's employer and the employer's workers' compensation insurer**

After a patient's condition has been determined to be work-related, identify the patient's employer and the employer's workers' compensation insurer.

To identify the employer:

- ◆ Patient care staff provide the patient with a questionnaire that captures information about the employer. (A sample questionnaire is shown in Appendix A4.) This information is forwarded to billing staff.
- ◆ Physician, other provider staff, or billing staff ask the patient for this information if it was not obtained during intake, and record the information on the questionnaire kept in the patient's file. The information is forwarded to billing as necessary.

To identify the insurer, billing staff do one or more of the following:

- ◆ Contact the employer to obtain the name of the insurer. Billing staff should also ask the employer whether it has a return-to-work program to help injured employees stay at work or transition back to work.
- ◆ Contact workers' compensation insurers that have paid for medical services for previous patients seen by the clinic to determine if the insurer has insured this particular employer and, if so, for what periods.
- ◆ Ask the same of other workers' compensation insurers that do business in California. (Go to the website of the California Department of Insurance: [www.insurance.ca.gov](http://www.insurance.ca.gov). In the box on the right under "For Consumers," link to "Companies by Lines of Insurance.")
- ◆ Access information about workers' compensation coverage of construction contractors, available at the website of the Contractors State License Board ([www.cslb.ca.gov](http://www.cslb.ca.gov)); then contact the listed insurer(s).
- ◆ Coordinate with patient care staff to encourage the patient to request services from an Information & Assistance (I&A) officer to identify the employer and insurer. (Further information about I&A officers is given in Appendix C1.)



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## D. Determine whether the clinic will provide ongoing treatment

An employee with a job injury should report the injury to the employer. After learning about the injury, the employer is required to give the employee a Workers' Compensation Claim Form (DWC 1, shown in Appendix B1) and arrange for urgent care if needed. The employee should then fill out and file the claim form with the employer to preserve his or her rights to workers' compensation benefits.

After it has been determined that a patient's condition is work-related, intake staff ask the patient whether the employer knows about the injury, and whether the patient has filed a claim form. If the employer does not know about the injury, or the patient has not filed a claim form, patient care staff do the following:

- ◆ Encourage the patient to report the injury to the employer. The patient can tell a supervisor or someone else in management.
- ◆ Encourage the patient to file a claim form with the employer.
- ◆ If the patient does not have a claim form, has concerns, or otherwise needs assistance, give the patient information about contacting an Information & Assistance (I&A) officer or a legal services program. (I&A officers and legal services programs are described in Appendices C1 and C2.)

If the employer knows about the injury, patient care staff arrange for the patient to be seen by provider staff in the following situations:

- ◆ The employer or insurer has given permission for the patient to be seen by the clinic for the injury. Staff can call the employer or insurer to confirm permission has been given.
- ◆ The employer refuses to provide care, discourages the worker from accessing care, denies the injury is covered by workers' compensation, or is illegally uninsured.
- ◆ The clinic previously treated the patient and the patient has predesignated the clinic. (This is unlikely for patients of CHCs because only workers whose employers offer a group health plan or group health insurance have a right to predesignate.)

If the employer knows about the injury and the employer or insurer is already providing care elsewhere but the patient is dissatisfied with the care, patient care staff refer the patient to the insurer to request to switch physicians, or give the patient information about obtaining practical guidance from an I&A officer or advice from a legal services program. Whether the patient may switch to the clinic depends on several factors, such as how much time has passed since the patient reported the injury to the employer and whether the insurer has created a workers' compensation medical provider network. However, even if the insurer has the right to select the patient's treating physician, the insurer may be amenable to the patient switching to the clinic.

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## E. Provide appropriate treatment

Workers' compensation insurers must authorize and pay for medical care that is "reasonably required to cure and relieve" the effects of a job injury. This is defined as treatment based on guidelines adopted by the state Division of Workers' Compensation. The guidelines are included in a Medical Treatment Utilization Schedule (MTUS) that is presumed correct unless a preponderance of scientific medical evidence establishes that a variance from the MTUS is reasonably required. The MTUS includes portions of the American College of Occupational and Environmental Medicine's *Occupational Medicine Practice Guidelines, Second Edition*. In addition, it includes guidelines for acupuncture treatment, chronic pain treatment, and post-surgical treatment. (Further information about the MTUS is given in Appendix D1.)

Clinic physicians and other provider staff treat workers' compensation patients within the MTUS whenever possible. If additional treatment is needed, provider staff reference other guidelines that are evidence-based and nationally recognized in the medical community or reference other scientific evidence showing that the treatment is necessary.

For specialty care (e.g., surgery) and auxiliary services (e.g., radiology), the clinic physician who is the patient's primary treating physician refers the patient for appropriate services but continues to oversee and coordinate all treatment provided to the patient.

Billing staff should ask if the employer has a return-to-work program to help injured employees stay at work or transition back to work. If this is the case, patient care staff ask the patient to sign a medical release form giving permission for provider staff to share information directly with the employer about the patient's work capacities and restrictions. This will allow the employer to offer work that the patient can do safely while recovering, which aids the healing process. (A sample release form is shown in Appendix A5.)

After the patient signs the release, provider staff share information with the patient and employer about the patient's work capacities and restrictions, both during recovery and after the patient's condition has stabilized. The work capacities and restrictions are based on the patient's medical condition and adjusted accordingly by the medical care provider as the employee's condition improves. Provider staff review the functions and duties of available jobs to make accurate determinations relevant to the patient's workplace. Provider staff also comment on unsafe conditions that may have contributed to the patient's injury or illness. These responsibilities may also be assumed by provider staff serving as case managers.

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Clinic physicians and other provider staff consult with an occupational medicine physician, if one is available, on providing treatment within applicable guidelines and coordinating with specialty care, auxiliary services, and patients' employers. This physician may be one already employed by the clinic or an outside consultant. (Available consultation resources are given in Appendix C4.)

Sometimes a patient with a job injury also needs non-occupational medical care, or a health care provider recognizes that a patient seeking primary care has a job injury. If a patient receives workers' compensation and non-workers' compensation medical care in the same visit, provider staff prepare chart notes separately documenting the two categories of treatment. This will allow the clinic to bill the workers' compensation insurer separately for treatment of the work-related condition.

## **F. Send reports to the insurer and governmental agencies**

The first time a clinic physician sees a patient with a job injury or illness, the physician fills out a Doctor's First Report of Occupational Injury or Illness (DFR). The physician lists all affected body parts to avoid problems with payment later. Two copies of the DFR are sent to the insurer within five days of the initial examination. (The DFR form is shown in Appendix B2.) The patient completes the portion of the form describing how the injury or illness happened, if able to do so. If the patient is not able to complete this part, the physician must do so.

If the treatment is for diagnosed or suspected pesticide poisoning, the physician sends the DFR to the state Division of Labor Statistics and Research and notifies the local health officer by telephone within 24 hours. (For contact information, see Appendix B2.)

The doctor who is the patient's primary treating physician sends progress reports to the insurer every 45 days or whenever the treatment plan changes, using "Form PR-2" (shown in Appendix B3). In the report, the physician describes the diagnosis, treatment plan, and patient's work status. To describe work status, the physician determines if absence from work is medically required, reviews the patient's job to identify obvious mismatches between the patient's condition and functional demands of the job, and specifies the patient's work capacities and restrictions to make it possible for the patient to return to work safely while recovering.

For a patient whose injury results in a permanent impairment, after the patient's condition stabilizes, or becomes "permanent and stationary," the primary treating physician files a permanent and stationary report with the insurer on "Form PR-4"



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(for workers injured in 2005 or later and certain workers with older injuries) or “Form PR-3” (for most workers injured before 2005). (Forms PR-4 and PR-3 are shown in Appendices B5 and B4. For more information about which form to use, see “P&S report” in the Glossary.) In the report, the physician describes the patient’s impairment and need for future medical treatment. With Form PR-4, the physician rates impairments using *Guides to the Evaluation of Permanent Impairment, Fifth Edition*, published by the American Medical Association (AMA). (Further information about the AMA Guides is given in Appendix D2.)

## **G. Obtain payment for services rendered**

Provider staff identify and report on the medical services provided to the patient using Current Procedural Terminology codes developed by the American Medical Association. If the employer is insured, the insurer pays for medical services based on the Official Medical Fee Schedule (OMFS) adopted by the state Division of Workers’ Compensation. (Further information about the OMFS is given in Appendix D3. Differences between reimbursement in workers’ compensation and reimbursement in Medicare and Medi-Cal are discussed in Appendix E1.)

Billing staff track the status of claims (e.g., claim form filed, claim accepted) by calling the insurer and submit bills to the insurer based on the OMFS. When an insurer does not pay, billing staff negotiate payment with the insurer and, if necessary, file a lien against the insurer or contracts with an outside service to file the lien.

If an employer is illegally uninsured, the injured employee may file a workers’ compensation claim against the employer. If the state Workers’ Compensation Appeals Board issues an award against the employer and the employer does not pay for the medical services provided to treat the injury, the services will be paid for by the Uninsured Employers Benefits Trust Fund (UEBTF), a special state fund that provides workers’ compensation benefits when an injured worker’s employer fails to do so. The UEBTF may also pay discretionary benefits before an award is issued.

If the patient’s employer is illegally uninsured, billing staff give the patient information on how to request help from an Information & Assistance (I&A) officer or a legal services program to file a claim for workers’ compensation benefits and join the UEBTF as a defendant in his or her claim. (I&A officers and legal services programs are described in Appendices C1 and C2.) If the patient obtains an award against the employer but the employer does not pay for the medical services provided to the patient, billing staff submit bills to the UEBTF.

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## SECTION II:

# STEPS TO CREATING AN EFFECTIVE PROGRAM

To create an effective program, clinic management should first determine the clinic's goals, objectives, roles, responsibilities, and time lines in providing workers' compensation medical services. This can be done in consultation with partners who are knowledgeable about workers' compensation medical practice. (Available consultation resources are given in Appendix C4.)

For most community health centers, creating an effective program will require revising the intake process, coordinating with outside medical and legal services, revising recordkeeping and billing systems, training physicians and staff, and augmenting outreach and education programs. These steps are described below.

### **A. Identify current practices and workflow**

Identify the existing flow of work, starting when a patient first contacts the clinic. This can be accomplished by reviewing available documentation contained in training and procedural manuals, instructions, forms, and scripts used in the intake process. Then meet with operations staff to review current practices and workflow, discuss how the workers' compensation procedures discussed in Section I may be incorporated into the current system, and identify training needs and resources that are necessary to support the new workflow.

### **B. Revise intake policy/process and workflow, and train staff**

Based on the current workflow, revise the intake process as necessary. This will allow intake staff to determine whether a patient's condition is work-related, identify the patient's employer and the employer's workers' compensation insurer, and determine whether the employer knows about the injury and has received a workers' compensation claim form from the patient.

Changes to the intake process can include the following:

- ◆ Creating and posting signs asking all patients to tell clinic staff if their condition is work-related. (Sample posters in English and Spanish are shown in Appendix A1.)

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- ◆ Creating and using an intake form, script, and questionnaire asking patients whether their condition is work-related and requesting the name of the employer. The forms should be designed to allow patients to describe the injury in their own words. (A script and sample forms are shown in Appendices A2, A3, and A4.) Integrate the data collected into the clinic's system of electronic health records.
  - ◆ Including questions in the forms and scripts asking whether the patient reported the injury to the employer or the employer otherwise learned about the injury, whether the patient has filed a workers' compensation claim form with the employer, and whether the employer is already arranging for care.

Train patient care staff in using the forms and scripts consistently and providing customer service that will lead to appropriate reporting of work-related injuries. Also train on what information and services are to be provided depending on whether the employer knows about the injury, whether the patient filed a claim form with the employer, and whether the employer is already arranging for care (as discussed in Section I).

### **C. Train physicians and other provider staff**

Identify the clinic health care providers who will be responsible for giving workers' compensation medical care. Train all provider staff, as appropriate, on how to recognize that a patient's condition is work-related, report to workers' compensation insurers and governmental agencies, provide appropriate treatment, coordinate with employers and outside medical services, code medical services provided, and conduct case management. This can be done in consultation with knowledgeable partners. (Available consultation resources are given in Appendix C4.)

Train all provider staff who treat working-age persons in the following areas:

- ◆ Recognizing occupational injuries and illnesses by asking open-ended questions (e.g., "How did this happen?") and questions about the patient's job. (Sample questions to screen for work-related conditions are given in Appendix D4.)
- ◆ Preparing the Doctor's First Report of Occupational Injury or Illness (DFR), to be sent to the employer's insurer and, when treatment is for diagnosed or suspected pesticide poisoning, to the state Division of Labor Statistics and Research. Also, notifying the local health officer by telephone in cases of diagnosed or suspected pesticide poisoning. (The DFR and contact information are given in Appendix B2.)
- ◆ If not all provider staff will be treating patients in the workers' compensation system, referring patients internally to the provider staff who will be seeing those patients.



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- ◆ Using medical release forms to allow information to be shared directly with the employer in the return-to-work process. (A sample release form is shown in Appendix A5.)
  - ◆ Understanding and following the Medical Treatment Utilization Schedule (MTUS) adopted by the state Division of Workers' Compensation and referencing other guidelines or scientific evidence when necessary. (Information about the MTUS is given in Appendix D1.)
  - ◆ Preparing and sending to the insurer periodic progress reports on Form PR-2. (Form PR-2 is shown in Appendix B3.)
  - ◆ For a patient whose injury results in a permanent impairment, preparing and sending a permanent and stationary report on Form PR-4 or Form PR-3. (Forms PR-4 and PR-3 are shown in Appendices B5 and B4. Information about the American Medical Association's *Guides to the Evaluation of Permanent Impairment, Fifth Edition*, which is used to complete Form PR-4, is given in Appendix D2.)
  - ◆ Understanding and coordinating with the employer's return-to-work and occupational safety and health programs, if the employer has these programs, and undertaking case management by nursing or other staff to facilitate communications.
  - ◆ Coding medical services using Current Procedural Terminology codes to allow billing in workers' compensation.

#### **D. Coordinate access to necessary tests, specialty care, and other services**

Identify what medical services will be needed that cannot be provided by the clinic. These could include, for example, consultations with specialists, laboratory tests, radiology, surgery, physical therapy, acupuncture, pharmacy, and durable medical equipment.

Find and recruit physician specialists who are in medical provider networks utilized by workers' compensation insurers that do business locally. Establish protocols to coordinate authorizations, scheduling, and report writing between outside specialists and clinic physicians. Ensure that clinic physicians retain overall responsibility for reporting to the insurer.

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## **E. Coordinate with state Information & Assistance offices and available legal services**

Prepare materials that the clinic, Information & Assistance (I&A) offices, and available legal services programs can provide to injured workers about each other's services. These include the following:

- ◆ Services to identify the worker's employer or employer's insurer (usually provided by I&A).
- ◆ Assistance in reporting an occupational injury or illness to the employer or filing a workers' compensation claim form (usually provided by I&A and legal services). (See Appendix E4 for educational and instructional materials that I&A offices and legal services programs can use to help injured workers.)
- ◆ Advice on other legal questions or problems (usually provided by legal services).
- ◆ Medical care while the employer or insurer is being identified, or when the employer refuses to provide care and a claim is being filed (provided by the clinic).

(See the flow chart in Appendix E2 illustrating coordination of services.)

Coordinate with a legal services program to prepare informational material for workers on basic rights and benefits in workers' compensation, steps to take after a job injury, and where to go for information or help. Ensure that the clinic, I&A, and legal services provide this material to injured workers. (A sample brochure is shown in Appendix A6.)

## **F. Revise billing systems**

Determine whether existing software can accommodate billing based on the Official Medical Fee Schedule (OMFS) adopted by the state Division of Workers' Compensation. If not, work with the clinic's vendor to update the software to make the necessary accommodations. Or, the clinic can bill their usual fees but expect the insurer to pay at the OMFS rates.

Train intake and billing staff on how to identify the employer and insurer, as discussed in Section I.C. Train billing staff on tracking the status of claims and billing based on the OMFS. Develop collection strategies. Retain an outside service, if necessary, to track the status of claims, negotiate with insurers, and file liens. Train billing staff on supervising the outside service.

Most workers' compensation applicants' attorneys know reputable lien-filing services, and some of these attorneys represent lien claimants. (Information about applicants' attorneys is given in Appendix C3.)

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## **G. Design and implement outreach and educational services**

Prepare written materials on clinic services that the CHC can provide to injured workers. (A sample brochure is shown in Appendix A6.)

Disseminate the materials through employers, programs that provide free legal services to low-income persons, Information & Assistance offices, and other governmental agencies. Also disseminate the materials through the clinic's ongoing outreach activities with local community groups, housing associations, parent associations, professional organizations, and the media (including ethnic broadcast media). Prepare and deliver presentations through these organizations, and provide information at community tabling events.

## **H. Monitor the program's operation**

Monitor the operation of the clinic program to assess its effectiveness and financial sustainability.

Costs may include the following:

1. Clinical and administrative staff salaries and benefits, prorated by percentage of staff time allocated to the workers' compensation program
2. Equipment: capital and non-capital, clinical and administrative
3. Medical supplies and durable medical equipment: some are bundled in the service; some are billable
4. Administrative supplies, including forms, books, office supplies, and computer software
5. Training, professional associations, and certifications
6. Building overhead and related building operation expenses



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Data elements to track with each case may include the following:

1. Patient identification (name or number)
2. Date of injury/illness
3. Type of injury/illness
4. Whether the injury/illness is work-related, or provider is unsure
5. Whether the patient will not confirm the injury/illness is work-related, or does not want it reported to the employer or insurer
6. Whether a Doctor's First Report (DFR) was filed with the workers' compensation insurer
7. Type of treatment given by the clinic
8. Whether the case was referred to the state Information & Assistance (I&A) or legal services
9. Whether the case was referred from state I&A or legal services
10. Types of specialty care needed
11. Whether specialty care could be obtained
12. Date, numbers of dollars, and Current Procedural Terminology (CPT) codes billed to the insurer
13. If the workers' compensation insurer was not billed, why not
14. Whether the insurer paid, and under what CPT codes
15. How many dollars the workers' insurer paid
16. If the insurer did not pay, why not





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# GLOSSARY

This glossary provides brief explanations of terms that are used in workers' compensation and in this booklet. These are not the full legal definitions. Portions of the glossary are adapted from *Workers' Compensation in California: A Guidebook for Injured Workers, Third Edition* (2006), which was prepared by the Institute for Research on Labor and Employment (IRLE) and the Labor Occupational Health Program (LOHP), University of California, Berkeley, under a contract with the California Commission on Health and Safety and Workers' Compensation (CHSWC).

## **ACOEM**

American College of Occupational and Environmental Medicine. Portions of guidelines published by ACOEM, called, *Occupational Medicine Practice Guidelines*, are incorporated in the Medical Treatment Utilization Schedule (MTUS) adopted by the state Division of Workers' Compensation (DWC).

## **AMA**

American Medical Association. For workers whose permanent disability must be rated using the 2005 rating schedule, the treating physician is required to rate the worker's impairment using guidelines published by the AMA called, *Guides to the Evaluation of Permanent Impairment*.

## **AOE/COE**

"Arising out of and in the course of employment," or caused by a worker's job and occurring while working. An injury or illness must be AOE/COE to be covered by workers' compensation.

## **Accepted claim**

A workers' compensation claim in which the claims administrator agrees that the worker's injury or illness is covered by workers' compensation. Even if a claim is accepted, however, there may be delays or other problems. Also called "admitted claim."

## **Agreed medical evaluator (AME)**

A doctor who is selected by agreement between the injured worker's attorney and the claims administrator to conduct a medical examination and prepare a medical-legal report to help resolve a dispute.

## **Alternative work**

If a treating physician reports that the worker will never recover completely or be able to return to the same job and working conditions, the employer is permitted to offer alternative work instead of a supplemental job displacement benefit. This is work that is different from the worker's old job. It must meet the worker's work restrictions, pay at least 85 percent of the wages and benefits that were paid at the time of injury, last at least 12 months, and be within a reasonable commuting distance of where the worker lived at the time of injury.

## **Americans with Disabilities Act (ADA)**

A federal law that prohibits discrimination against disabled persons. Employment provisions of the ADA are administered by the US Equal Employment Opportunity Commission (EEOC).

## **Appeals Board**

A group of seven commissioners who review and reconsider decisions of workers' compensation administrative law judges.

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**Applicants' attorney**

A lawyer who represents injured workers in their workers' compensation cases. "Applicant" refers to the injured worker.

**Cal/OSHA**

The Division of Occupational Safety and Health, which is a state agency that inspects workplaces and administers laws to protect the health and safety of workers in California.

**California Family Rights Act (CFRA)**

A state law, administered by the California Department of Fair Employment and Housing, that requires most employers of 50 or more employees to grant job-protected leave to workers with serious health problems or who need to care for a child or other family member.

**California Labor Code section 132a**

A state workers' compensation law that prohibits discrimination against injured workers and coworkers who testify in the injured worker's case.

**Carve-out**

A system for processing claims and resolving disputes that is an alternative to the state system in California. Carve-outs can be created only through collective bargaining agreements between labor unions and employers.

**Challenge**

Disagree with, object to, or place in dispute.

**Claim form (Workers' Compensation Claim Form, DWC 1)**

A form that a worker uses to request workers' compensation benefits in writing.

**Claims adjuster**

See "claims administrator."

**Claims administrator**

A person who handles workers' compensation claims for employers. Most claims administrators work for insurance companies or other organizations that handle claims for employers. Some claims administrators work directly for large employers that handle their own claims. Also called "claims examiner" or "claims adjuster."

**Claims examiner**

See "claims administrator."

**Commission on Health and Safety and Workers' Compensation (CHSWC)**

A state-appointed body, consisting of four labor and four management representatives, that sponsors and conducts ongoing studies and makes recommendations to improve the California workers' compensation system and the state's activities to prevent job injuries.

**Compromise and release (C&R)**

A type of settlement where the worker receives a lump-sum payment and may become responsible for paying for future medical care for the injury.

**Contractors State License Board**

A state agency that licenses and regulates the construction industry in California.

**Cumulative injury**

An injury that was caused by repeated events or repeated exposures at work. Examples: hurting one's wrist from doing the same motion over and over, losing one's hearing because of constant loud noise.

**Current Procedural Terminology (CPT) codes**

Codes developed by the American Medical Association (AMA) to report on medical services and procedures.

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**Date of injury**

If the injury was caused by one event (a specific injury), this is the date of the event. If the injury was caused by repeated exposures (a cumulative injury), this is the date that the worker knew or should have known that the injury was caused by work.

**Death benefits**

Payments to the spouse, children, or other dependents of a worker who dies from a job injury or illness.

**Delay letter**

A letter sent by the claims administrator to the injured worker that explains why payments are delayed, what information is needed before payments will be sent, and when a decision will be made about the payments.

**Denied claim**

A workers' compensation claim in which the claims administrator believes that the worker's injury or illness is not covered by workers' compensation, and has notified the worker of this decision.

**Disability rater**

A state employee working within the Disability Evaluation Unit (DEU) of the Division of Workers' Compensation (DWC) who rates an injured worker's permanent disability after reviewing a medical report or a medical-legal report that describes the worker's condition.

**Disability rating**

See "permanent disability rating."

**Dispute**

A disagreement about a worker's entitlement to payments, services, or other rights and benefits.

**Division of Labor Statistics and Research (DLSR)**

A state agency that collects information and publishes statistics and research on employment in California.

**Division of Workers' Compensation (DWC)**

A state agency that administers workers' compensation laws, adjudicates disputes, and provides information and assistance to injured workers and others about the California workers' compensation system.

**Doctor's First Report of Occupational Injury or Illness (DFR, Form 5021)**

After initial examination of a patient with a work-related injury or illness, a form that the physician is required to complete and send to the employer's workers' compensation insurer within five days.

**Fair Employment and Housing Act (FEHA)**

A state law, administered by the California Department of Fair Employment and Housing, that prohibits discrimination against disabled persons. Its provisions are more extensive in some areas than the federal Americans with Disabilities Act (ADA).

**Family and Medical Leave Act (FMLA)**

A federal law, administered by the US Department of Labor, that requires most employers of 50 or more employees to grant job-protected leave to workers with serious health problems or who need to care for a child or other family member.

**Filing**

Sending or delivering a document to an employer or a governmental agency as part of a legal process. The date of filing is the date the document is received.

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### **Findings and Award**

A written decision by a workers' compensation administrative law judge about an injured worker's case, including payments and future medical care that must be provided to the worker.

### **Health care organization (HCO)**

An organization certified by the state Division of Workers' Compensation that contracts with an employer or insurer to provide managed medical care in the California workers' compensation system.

### **Hearing**

A legal proceeding or event where a workers' compensation administrative law judge holds a meeting to discuss issues or receives information from different persons in order to make a decision about a dispute or a proposed settlement.

### **Impairment rating**

A percentage that estimates how much a worker has lost the normal use of injured parts of the body. Impairment ratings are determined based on guidelines published by the American Medical Association (AMA). Different from "permanent disability rating."

### **Information & Assistance (I&A) officer**

An employee of the state Division of Workers' Compensation who answers questions, assists injured workers, provides written materials, conducts informational workshops, and holds meetings to informally resolve problems with claims. Most of their services are designed to help workers who do not have an attorney.

### **Injury and Illness Prevention Program (IIPP)**

A health and safety program that employers are required to develop and implement. This requirement is enforced by the California Division of Occupational Safety and Health.

### **Judge**

See "workers' compensation administrative law judge."

### **Legal services program**

A nonprofit organization that provides free legal services to low-income persons.

### **Maximal medical improvement**

See "permanent and stationary (P&S)."

### **Medical care**

See "medical treatment."

### **Medical-legal report**

A report written by a doctor to help clarify one or more disputed medical issues concerning a worker's injury or medical condition.

### **Medical provider network (MPN)**

A set of physicians and other health care providers selected by an employer or insurer to treat injured workers in the California workers' compensation system. MPNs must be approved by the state Division of Workers' Compensation.

### **Medical treatment**

A workers' compensation benefit, offered to the injured worker, that is "reasonably required to cure or relieve from the effects of the injury." Also called "medical care."

### **Medical Treatment Utilization Schedule (MTUS)**

A set of guidelines and an analytical framework adopted by the state Division of Workers' Compensation, based on scientific evidence and nationally recognized standards of care, that address the appropriate extent and scope of treatment commonly performed in workers' compensation cases.



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### **Medical Unit**

A unit within the state Division of Workers' Compensation that oversees medical provider networks (MPNs), independent medical review (IMR) physicians, health care organizations (HCOs), qualified medical evaluators (QMEs), utilization review (UR) plans, and spinal surgery second opinion physicians.

### **Modified work**

If a treating physician reports that a worker will never recover completely or be able to return to the same job or working conditions, the employer is permitted to offer a modified job instead of a supplemental job displacement benefit. This is the worker's old job with changes that meet the worker's work restrictions; it must pay at least 85 percent of the wages and benefits that were paid at the time of injury, last at least 12 months, and be within a reasonable commuting distance of where the worker lived at the time of injury.

### **Notice of Offer of Modified or Alternative Work (DWC-AD 10133.53)**

A form that an employer or claims administrator sends to an injured worker with a permanent disability. If the worker was injured in 2004 or later and the employer makes this offer within 30 days after the worker's final temporary disability (TD) payment, the claims administrator is not required to provide a supplemental job displacement benefit. If the worker was injured in 2005 or later, the employer has 50 or more employees, and this offer is made within 60 days after the worker's condition becomes permanent and stationary, permanent disability (PD) payments are reduced by 15 percent; otherwise, PD payments are increased by 15 percent.

### **Notice of Offer of Regular Work (DWC-AD 10118)**

A form that an employer or claims administrator sends to an injured worker with a permanent disability. If the worker was injured in 2005 or later, the employer has 50 or more employees, and this offer is made within 60 days after the worker's condition becomes permanent and stationary, permanent disability (PD) payments are reduced by 15 percent; otherwise, PD payments are increased by 15 percent.

### **Objective factors**

Measurements, direct observations, and test results that a treating physician or medical evaluator describes as contributing to an injured worker's permanent disability.

### **Official Medical Fee Schedule (OMFS)**

A schedule of reasonable maximum fees for medical services, published by the Division of Workers' Compensation (DWC).

### **P&S report (Form PR-3 or Form PR-4)**

A medical report written by a treating physician that describes the injured worker's medical condition after it has stabilized. Form PR-3 is used for most workers injured before 2005. Form PR-4 is used for workers injured in 2005 or later and for workers with older injuries where, prior to 2005, there was no comprehensive medical-legal report or no report by a treating physician indicating that worker had a permanent disability, or the employer was not required to send the worker a notice about permanent disability benefits. See also "permanent and stationary."

### **Penalty**

A fine charged to an employer or claims administrator and paid to the injured worker. It can refer to an automatic 10 percent penalty for a delay in one payment, or a 25 percent penalty, up to \$10,000, for an unreasonable delay.

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### **Permanent and stationary (P&S)**

The point at which a doctor reports that the injured worker's condition has stabilized, or is not expected to get any better or any worse. For workers whose permanent disability must be rated using the *2005 Schedule for Rating Disabilities*, this is referred to as the point in time when the worker has reached maximal medical improvement (MMI). See also "P&S report."

### **Permanent disability (PD) benefits**

Payments to a worker whose job injury permanently limits the kinds of work the worker can do or the worker's ability to earn a living. Permanent partial disability (PPD) benefits are payments to a worker whose ability to compete in the open labor market or earn a living is reduced. Permanent total disability (PTD) benefits are payments to a worker who is considered permanently unable to compete in the open labor market or earn a living.

### **Permanent disability rating**

A percentage that estimates how much a job injury permanently limits the kinds of work the worker can do or the worker's ability to earn a living. It is based on the worker's medical condition, date of injury, age when injured, occupation when injured, how much the disability is caused by the job compared to other factors, and reduced earning capacity.

### **Personal physician**

A doctor licensed in California with an MD degree (medical doctor) or a DO degree (osteopath), who has treated the injured worker in the past and has his or her medical records. The doctor must be a general practitioner, internist, pediatrician, obstetrician-gynecologist, or family practitioner who is the worker's primary care physician. "Personal physician" can refer to a medical group that provides comprehensive medical services mostly for medical conditions unrelated to work.

### **Physician**

A medical doctor, osteopath, psychologist, acupuncturist, optometrist, dentist, podiatrist, or chiropractor licensed in California. The definition of "personal physician" is different. See above.

### **Predesignation**

Telling one's employer in writing, before getting hurt on the job, the name and address of one's own personal physician in case of job injury. This physician must be the worker's primary care physician and must agree to be predesignated. If a worker predesignates, the worker will be allowed to be treated by his or her personal physician right after injury, instead of a physician selected by the employer or the claims administrator. A worker can predesignate only if the employer offers a group health plan or group health insurance for medical conditions that are unrelated to work. See also "personal physician."

### **Primary treating physician (PTP)**

The doctor responsible for managing the overall care of an injured worker and who writes medical reports that may affect the worker's benefits.

### **Progress report (Form PR-2)**

A medical report written by a treating physician that describes the injured worker's diagnosis, treatment plan, and work status. Progress reports must be sent to the employer's workers' compensation insurer at least every 45 days.

### **Qualified medical evaluator (QME)**

A doctor selected by either an injured worker, an injured worker's attorney, or a claims administrator, from a list provided by the state Division of Workers' Compensation (DWC), to conduct a medical examination and prepare a medical-legal report to help resolve a dispute. QMEs are certified by the DWC.

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**Rating**

See “permanent disability rating.”

**Reconsideration**

A legal process for appealing a decision made by a workers’ compensation administrative law judge.

**Reconsideration of a summary rating**

A process for determining whether mistakes were made in the permanent disability rating of an injured worker who does not have an attorney.

**Regular work**

An employee’s old job, paying the same wages and benefits as paid at the time of injury and located within a reasonable commuting distance of where the employee lived at the time of injury.

**Restrictions**

See “work restrictions.”

**Schedule for Rating Permanent Disabilities**

A state publication containing detailed information that is used to rate permanent disabilities. There are three schedules, applicable to workers with different dates of injury.

**Settlement**

An agreement between the injured worker and the claims administrator about the workers’ compensation payments and future medical care that will be provided to the worker. Settlements must be reviewed by a workers’ compensation administrative law judge to determine whether they are adequate to compensate the injured worker for the injury.

**Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) benefits**

Financial assistance for disabled persons. These benefits are administered by the US Social Security Administration. They may be reduced by workers’ compensation benefits paid to an injured worker.

**Specific injury**

An injury that was caused by one event at work. Examples: hurting one’s back in a fall, getting burned by a chemical that splashes on the skin, getting hurt in a car accident while making deliveries.

**State Disability Insurance (SDI)**

Short-term financial assistance for disabled workers in California. Workers with job injuries may receive SDI benefits when workers’ compensation payments are delayed or denied. These benefits are administered by the state Employment Development Department.

**State average weekly wage (SAWW)**

The average weekly wage paid to employees in California who were covered by unemployment insurance, as reported in the previous year by the US Department of Labor.

**Stipulations with request for award (Stips)**

A type of settlement where the claims administrator usually agrees to continue paying for medical care for the injury.

**Subjective factors**

An injured worker’s pain and other symptoms, not directly measured or observed, that a doctor describes as contributing to the worker’s permanent disability.

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**Supplemental job displacement benefit**

A workers' compensation benefit for injured workers, injured in 2004 or later, who have a permanent partial disability that prevents them from doing their old job and whose employers do not offer other work. It is in the form of a voucher that promises to help pay for educational retraining or skill enhancement, or both, at state-approved or state-accredited schools. Also called a "voucher."

**Supplemental Job Displacement Nontransferable Training Voucher Form (DWC-AD 10133.57)**

A form that a claims administrator uses to provide a supplemental job displacement benefit, or voucher, to an injured worker with a permanent disability.

**Temporary disability (TD) benefits**

Payments to an injured worker who loses wages because the injury prevents the worker from doing his or her usual job while recovering. Temporary partial disability (TPD) benefits are payments to a worker who can do some work while recovering, but who earns less than before the injury. Temporary total disability (TTD) benefits are payments to a worker who cannot work at all while recovering.

**Treating doctor *or* treating physician**

An injured worker's primary treating physician (PTP) or other physician who treats the injured worker and whose findings are incorporated into the PTP's medical reports.

**Uninsured Employers Benefits Trust Fund (UEBTF)**

A possible source of workers' compensation benefits for an injured worker whose employer is illegally uninsured in California. These benefits are administered by the state Division of Workers' Compensation.

**Utilization review (UR)**

The process used by claims administrators to decide whether to authorize and pay for treatment recommended by the treating physician or another doctor.

**Voucher**

See "supplemental job displacement benefit."

**Work restrictions**

A physician's description of clear and specific limits on an injured worker's job tasks, usually designed to protect the worker from further injury.

**Workers' Compensation Appeals Board (WCAB)**

The Appeals Board and workers' compensation administrative law judges.

**Workers' compensation administrative law judge**

An employee of the state Division of Workers' Compensation who makes decisions about disputes and approves settlements. This person holds hearings at a Workers' Compensation Appeals Board (WCAB) office, and his or her decisions may be reviewed and reconsidered by the Appeals Board. Also called "workers' compensation judge."

**Workers' compensation judge**

See "workers' compensation administrative law judge."



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# APPENDICES

# Have you been hurt on the job?

Please let Salud  
Para La Gente staff  
know. You may be  
eligible for certain  
medical benefits

Worker's Compensation may cover:

- Medical treatment including
  - Transportation to medical visits
  - Medicines
  - Treatment by specialists
- Payments for lost wages
- Other benefits may be included

# Are you here today for a work-related injury or illness?

Please let Salud  
Para La Gente staff  
know. You may be  
eligible for certain  
medical benefits

Worker's Compensation may cover:

- Medical treatment including
  - Transportation to medical visits
  - Medicines
  - Treatment by specialists
- Payments for lost wages
- Other benefits may be included

# ¿Se ha lastimado en el trabajo?

Por favor notifique a nuestro personal de Salud Para La Gente. Usted podría calificar para ciertos beneficios médicos

Compensación al Trabajador podría cubrir:

- Tratamiento medico incluyendo
  - Transporte a sus visitas medicas
  - Medicamentos
  - Tratamiento por especialistas
- Pago por sueldo perdido
- Otros beneficios pueden estar incluidos



# ¿Esta hoy aquí por causa de una lastimadura o enfermedad relacionada al trabajo?

Por favor notifique a nuestro  
personal de Salud Para La  
Gente. Usted podría calificar  
para ciertos beneficios  
médicos

Compensación al Trabajador podría cubrir:

- Tratamiento medico incluyendo
  - Transporte a sus visitas medicas
  - Medicamentos
  - Tratamiento por especialistas
- Pago por sueldo perdido
- Otros beneficios pueden estar incluidos

## A2. Intake Form



### Patient Registration Form

OFFICE USE ONLY  
Chart #:  
Today's Date:

#### PATIENT INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt# \_\_\_\_\_ Social Security #: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Message Phone: \_\_\_\_\_  
Race:  White  Latino  African-American  Asian  American Indian  Other: \_\_\_\_\_  
Marital Status:  Single  Married  Divorced  Separated Sex:  Male  Female  
Patient Occupation:  Student  Unemployed  Self-Employed  Disabled/Social Security  Farmworker  
 Other \_\_\_\_\_ Monthly Income: \$ \_\_\_\_\_  
Spouse/Parent Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
In case of an EMERGENCY Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### HOUSEHOLD INFORMATION

How many are in your immediate family? \_\_\_\_ Is anyone in your immediate family currently a patient in our office?  Yes  No

Is this appointment related to a work injury or illness?  Yes  No If yes, please provide the Workers' Compensation Questionnaire to patient

#### PATIENT'S RESPONSIBLE PARTY Same as above

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt# \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Number: \_\_\_\_\_  
Relationship to Patient: \_\_\_\_\_ Is this person a Current Patient?  Yes  No

#### INSURANCE

##### **Primary Insurance Company Name**

Blue Cross  Central Coast Alliance for Health  Great-West Healthcare  United Agricultural Trust  Medi-Cal/Medicare  
 Other: \_\_\_\_\_

Name of Insured (name on card)  Patient: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Insurance Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Group #: \_\_\_\_\_ Subscriber ID#: \_\_\_\_\_  
Deductible or Co-Pay? \$ \_\_\_\_\_ Sex:  Male  Female

##### **Secondary Insurance Company Name**

Blue Cross  Central Coast Alliance for Health  Great-West Healthcare  United Agricultural Trust  Medi-Cal/Medicare  
 Other: \_\_\_\_\_

Name of Insured (name on card)  Patient: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Insurance Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Group #: \_\_\_\_\_ Subscriber ID#: \_\_\_\_\_  
Deductible or Co-Pay? \$ \_\_\_\_\_ Sex:  Male  Female

### A3. Telephone Script

#### Salud Para la Gente Call Center Script

8am-12pm

12pm-5pm

5pm-8pm

“Good Morning, Afternoon, Evening, Salud Para La Gente, this is \_\_\_\_\_, how may I help you/ Como le puedo ayudar?”

#### English--

What is your name?

What clinic would you like to make an appointment?

**If new patient**... Where do you live?

Is this a work related illness/injury?

#### Spanish--

¿Qué es su nombre?

¿En que clínica le gustaría hacer cita?

**Si paciente nuevo**... ¿Dónde vive usted?

¿ Es una enfermedad/herida relacionada con el trabajo?

**A4. Workers' Compensation Questionnaire**

**WORKERS' COMPENSATION QUESTIONNAIRE**



INITIAL INDUSTRIAL VISIT QUESTIONNAIRE AND  
EMPLOYER'S INDUSTRIAL TREATMENT NOTICE

Serving Monterey Bay for over 25 years

**UPON COMPLETION: FILE A COPY IN THE CHART AND SEND COPY TO BILLING**

To: \_\_\_\_\_ ← EMPLOYER'S NAME  
 ATTENTION: PERSONNEL DEPARTMENT  
 \_\_\_\_\_ ← EMPLOYER'S ADDRESS  
 \_\_\_\_\_ ← EMPLOYER'S CITY/STATE/ZIP

TYPE OF BUSINESS		WORK/EMPLOYER'S PHONE ( )	
PATIENT'S NAME	SEX M F	BIRTHDATE / /	SOCIAL SECURITY NO.
PATIENT'S ADDRESS	CITY	ZIP	HOME PHONE ( )
OCCUPATION (TYPE OF WORK YOU DO)		ARE YOU A LONGSHOREMAN? <input type="checkbox"/> Yes <input type="checkbox"/> No	
LOCATION (ADDRESS) WHERE YOU WERE WORKING WHEN INJURED			
DATE YOU WERE INJURED OR BECAME ILL	TIME	AM PM	LAST DAY WORKED
HAVE YOU REPORTED THIS AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	For injuries/conditions on or after 01-01-90, all injured workers must complete the Employee's Claim for Worker's Compensation Benefits (Form DWC-1). Have you completed and returned the form to your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
DATE OF FIRST VISIT TO SALUD PARA LA GENTE FOR THIS INJURY	NAME OF PHYSICIAN		
HAVE YOU BEEN SEEN AT ANOTHER SALUD PARA LA GENTE FACILITY FOR THIS INJURY?			

*Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payment is guilty of a felony.*

PLEASE EXPLAIN IN DETAIL WHAT HAPPENED TO YOU AT WORK THAT CAUSED YOU TO BECOME ILL OR INJURED, HOW DID IT HAPPEN? WHEN DID IT HAPPEN? WHAT PART OF YOU DID YOU HURT?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DEAR EMPLOYER: PLEASE BE ADVISED I HAVE SELECTED THIS FACILITY FOR THE PURPOSE OF PROVIDING MEDICAL TREATMENT TO CURE OR RELIEVE THE EFFECTS OF THE INJURY DESCRIBED ABOVE.

YOUR SIGNATURE	TODAY'S DATE
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**A5. Release Form**



**AUTHORIZATION FOR USE AND/OR DISCLOSURE OF MEMBER/PATIENT HEALTH INFORMATION**

IMPRINT AREA

I understand that Salud Para La Gente will not condition treatment, payment, enrollment, or eligibility for benefits on my providing or refusing to provide this authorization.

**I hereby authorize:**

\_\_\_\_\_  
Name of Disclosing Party  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State ZIP

**To disclose to:**

\_\_\_\_\_  
Name of Recipient  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State ZIP

**If requesting your own records for yourself, specify facilities:**

**Records and information pertaining to:**

\_\_\_\_\_  
Name of Member/Patient (List Other Names Used)      \_\_\_\_\_  
Medical Record Number      \_\_\_\_\_  
Date of Birth  
\_\_\_\_\_  
Address      \_\_\_\_\_  
Telephone Number

**DURATION:** This authorization shall become effective immediately and shall remain in effect for one year from the date of signature unless a different date is specified here \_\_\_\_\_ (Date).

**REVOCAION:** This authorization is also subject to written revocation by the member/patient at any time. The written revocation will be effective upon receipt, except to the extent that the disclosing party or others have acted in reliance upon this authorization.

**REDISCLASURE:** I understand that the recipient may not lawfully further use or disclose the health information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

**SPECIFY RECORDS:** Check the box, initial and/or sign to specify which type of information is to be disclosed.

- MEDICAL INFORMATION** \_\_\_\_\_ (Initial)
- PSYCHIATRIC INFORMATION** \_\_\_\_\_  
Signature      Date
- DRUG/ALCOHOL INFORMATION** \_\_\_\_\_  
Signature      Date
- RESULTS OF AN HIV TEST** \_\_\_\_\_  
Signature      Date
- GENERIC RECORDS** \_\_\_\_\_  
Signature      Date

Specify the records to be disclosed: \_\_\_\_\_  
The recipient may use the health information authorized on this form for the following purposes:

A copy of this authorization is as valid as the original. Member/Patient has a right to a copy of this authorization.

\_\_\_\_\_  
Date      Signature      If Signed by Other than Member/Patient, Indicate Relationship

## A6. Brochure for Workers



### What is workers' compensation?

Workers' compensation is insurance that covers injuries and illnesses caused by work. The law requires your employer to have this insurance.

- You are eligible for workers' compensation regardless of immigration status.
- It is illegal for your employer to punish or fire you for having a work injury or asking for medical treatment or other benefits for your injury.

### What are workers' compensation benefits?

- Medical treatment, including:
  - Transportation to medical visits
  - Medicines
  - Treatment by specialists
- Payments for lost wages
- Job displacement benefits
- Payments for permanent disability

### The Agricultural Workers' Access to Health Project (AWAHP)

AWAHP is a project of the Watsonville Law Center, California Rural Legal Assistance, and Salud Para La Gente. This project provides information, medical treatment, and legal assistance to injured workers.

### The Watsonville Law Center (WLC)

WLC gives legal advice to injured workers and low-income individuals. Tel: 1-831-722-2845

### California Rural Legal Assistance (CRLA)

CRLA educates workers about their rights and gives legal advice to low-income individuals. Tel: 1-831-757-5221

### Salud Para La Gente

Salud Para La Gente is a community clinic that treats workers who have a work injury or illness. Tel: 1-831-728-0222.

### Information for the Injured Worker

Workers' Compensation in California



*Produced by The Agricultural Workers' Access to Health Project*

*October 2011*

### When do I need a lawyer?

You may need a lawyer with any injury, but especially if you are not able to get medical treatment or other benefits.

### How is a lawyer paid?

A workers' compensation lawyer gets paid from the benefits that you receive later and should not ask you directly for payment. Most lawyers who represent injured workers will provide one free consultation.

### How do I obtain workers' compensation benefits?

Tell your supervisor or someone else in management as soon as possible. Reporting promptly helps avoid problems and delays in receiving benefits.

### Get emergency treatment if necessary.

Go to an emergency room or call an ambulance. Your employer may tell you where to go for treatment. You will not be required to pay for treatment if the injury is work-related.

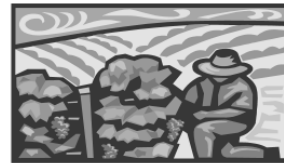
### Fill out a claim form.

Your employer is required to give you a claim form. Use this form to request benefits.

### Get good medical care.

For non-emergency care, the insurance company must authorize treatment within one working day after you fill out a claim form and return it to your employer. If the insurance company won't tell you where to go for treatment or won't pay for treatment, you should find a clinic or hospital that will treat you. Tell the staff that your injury is work-related. You will not be required to pay for treatment if the injury is work-related.

**Salud Para La Gente treats injured workers who have been unable to get treatment through their employer.**



### Who do I contact for help?

For free help:

**Information & Assistance (I&A)**  
State of California  
1880 North Main Street, Suite 100  
Salinas, CA 93906-2037  
Tel: 1-831-443-3058  
Recorded information: 1-800-736-7401

For a list of private attorneys:

Ask I&A (telephone number listed above).

The California Applicants' Attorneys Association. Tel: 1-916-444-5155

The Watsonville Law Center provides free legal advice to injured workers.  
315 Main Street, Suite 207  
Watsonville, CA  
Tel: 1-831-722-2845



### ¿Qué es la compensación del trabajador?

La compensación del trabajador es un seguro que cubre lesiones y enfermedades causadas por el trabajo. La ley requiere que su empleador tenga este seguro.

- Todos los trabajadores sin distinción de su estatus de inmigración son elegibles para recibir la compensación del trabajador
- Es ilegal que su empleador lo sancione o despida por lesionarse o pedir atención médica u otros beneficios para su lesión.

### ¿Cuáles son los beneficios de la compensación del trabajador?

- Atención médica que incluye
  - Transporte a visitas médicas
  - Medicamentos
  - Tratamiento por especialistas
- Pago de ingreso perdidos
- Beneficios por desplazamiento de trabajo (beneficios para cuando necesita cambiar de trabajo)
- Pagos por incapacidad permanente

### El Proyecto de acceso a la salud para trabajadores agrícolas (AWAHP)

AWAHP es un proyecto realizado conjuntamente por el Centro Legal de Watsonville, Asistencia Legal Rural de California y Salud Para La Gente. El proyecto ofrece información, atención médica y asistencia legal para trabajadores lesionados.

#### Centro legal de Watsonville (WLC)

WLC ofrece consejo legal para trabajadores lesionados e individuos de bajos ingresos. Tel. (831) 722-2845.

#### Asistencia legal rural de California (CRLA)

CRLA educa a trabajadores sobre sus derechos y ofrece consejo legal a individuos de bajos ingresos. Tel. (831) 757-5221.

#### Salud Para La Gente

Salud Para La Gente es una clínica médica que trata a trabajadores con lesiones laborales o enfermedades. Tel. (831) 728-0222

### Información para el trabajador lesionado

Compensación del trabajador de California



*Preparado por el proyecto de Acceso a la Salud Para Trabajadores Agrícolas*

*Octubre del 2011*

### ¿Cuándo debería consultar con un abogado?

Le recomendamos que consulte con un abogado para cualquier lesión laboral que sufrió, pero sobre todo si no pudo recibir atención médica u otros beneficios.

### ¿Cómo se le paga al abogado?

La mayoría de los abogados que representan a los trabajadores lesionados ofrecen una consulta gratuita. El abogado especializado en la compensación del trabajador es pagado por los beneficios que recibe el trabajador en el futuro y no debería pedir un pago directo o por adelantado.

### ¿Cómo puedo obtener los beneficios de la compensación al trabajador?

Asegúrese de decirselo a su supervisor u otro personal de la gerencia lo antes posible. Informar en forma oportuna acerca de su lesión o enfermedad ayuda a prevenir problemas y retrasos para recibir los beneficios.

### Reciba atención de emergencia si es necesario.

Vaya a una sala de emergencias o llame al 911. Su empleador puede indicarle a dónde dirigirse para ser atendido. Si su lesión está relacionada al trabajo no le pedirán que pague los gastos del tratamiento médico.

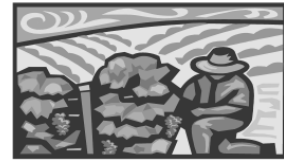
### Llene un formulario de reclamación

Su empleador tiene que darle un formulario de reclamación. Use el formulario para solicitar los beneficios.

### Reciba una buena atención médica

Si no necesita atención de emergencia, el administrador de reclamaciones tiene que autorizar el tratamiento médico dentro del plazo laborable de un día después de que usted haya llenado el formulario y lo entregara a su empleador. Si el administrador de reclamaciones no le dice a dónde ir para recibir atención médica y se niega a pagar, debe encontrar una clínica o un hospital que le va a atender. Infórmele al personal que su lesión está relacionada al trabajo. No le pedirán que pague los gastos del tratamiento si la lesión está relacionada con el trabajo.

Salud Para La Gente trata a trabajadores lesionados que no pudieron obtener tratamiento médico a través de su empleador.



### ¿A dónde me dirijo para obtener ayuda?

Para ayuda gratuita:  
**Información & Asistencia (I&A)**  
Estado de California  
1880 North Main Street, Suite 100  
Salinas, CA 93906-2037  
Tel. (831) 443-3058  
Información grabada:  
1-800-736-7401

### Para obtener una lista de abogados:

Pídeselo a I&A (teléfono arriba)

**California Applicants' Attorney Association** Tel: 916-444-5155.

**El centro legal de Watsonville** ofrece consejo legal gratuito a trabajadores lesionados.  
315 Main Street, Suite 207  
Watsonville, CA  
Tel: 1-831-722-2845.

## B1. Workers' Compensation Claim Form (DWC 1)\*

### Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility *Formulario de Reclamo de Compensación de Trabajadores (DWC 1) y Notificación de Posible Elegibilidad*



If you are injured or become ill, either physically or mentally, because of your job, including injuries resulting from a workplace crime, you may be entitled to workers' compensation benefits. Attached is the form for filing a workers' compensation claim with your employer. **You should read all of the information below.** Keep this sheet and all other papers for your records. You may be eligible for some or all of the benefits listed depending on the nature of your claim. If required you will be notified by the claims administrator, who is responsible for handling your claim, about your eligibility for benefits.

To file a claim, complete the "Employee" section of the form, keep one copy and give the rest to your employer. Your employer will then complete the "Employer" section, give you a dated copy, keep one copy and send one to the claims administrator. Benefits can't start until the claims administrator knows of the injury, so complete the form as soon as possible.

**Medical Care:** Your claims administrator will pay all reasonable and necessary medical care for your work injury or illness. Medical benefits may include treatment by a doctor, hospital services, physical therapy, lab tests, x-rays, and medicines. Your claims administrator will pay the costs directly so you should never see a bill. There is a limit on some medical services.

**The Primary Treating Physician (PTP)** is the doctor 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 doctor or medical group. If a doctor says you still need treatment after 30 days, you may be able to switch to the doctor of your choice. Different rules apply if your employer is using a Health Care Organization (HCO) or a Medical Provider Network (MPN). A MPN is a selected network of health care providers to provide treatment to workers injured on the job. You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information. If your employer has not put up a poster describing your rights to workers' compensation, you may choose your own doctor immediately.

Within one working day after you file a claim form, your employer shall authorize the provision of all treatment, consistent with the applicable treating guidelines, for the alleged injury and shall continue to be liable for up to \$10,000 in treatment until the claim is accepted or rejected.

**Disclosure of Medical Records:** After you make a claim for workers' compensation benefits, your medical records will not have the same level of privacy that you usually expect. If you don't agree to voluntarily release medical records, a workers' compensation judge may decide what records will be released. If you request privacy, the judge may "seal" (keep private) certain medical records.

**Payment for Temporary Disability (Lost Wages):** If you can't work while you are recovering from a job injury or illness, for most injuries you will receive temporary disability payments for a limited period of time. These payments may change or stop when your doctor says you are able to return to work. These benefits are tax-free. Temporary disability payments are two-thirds of your average weekly pay, within minimums and maximums set by state law. Payments are not made for the first three days you are off the job unless you are hospitalized overnight or cannot work for more than 14 days.

**Return to Work:** To help you to return to work as soon as possible, you should actively communicate with your treating doctor, claims administrator, and employer about the kinds of work you can do while recovering. They may coordinate efforts to return you to modified duty or other work that is medically appropriate. This modified or other duty may

Rev. 6/10

Si Ud. se lesiona o se enferma, ya sea físicamente o mentalmente, debido a su trabajo, incluyendo lesiones que resulten de un crimen en el lugar de trabajo, es posible que Ud. tenga derecho a beneficios de compensación de trabajadores. Se adjunta el formulario para presentar un reclamo de compensación de trabajadores con su empleador. **Ud. debe leer toda la información a continuación.** Guarde esta hoja y todos los demás documentos para sus archivos. Es posible que usted reúna los requisitos para todos los beneficios, o parte de éstos, que se enumeran, dependiendo de la índole de su reclamo. Si se requiere, el administrador de reclamos, quien es responsable por el manejo de su reclamo, le notificará sobre su elegibilidad para beneficios.

Para presentar un reclamo, llene la sección del formulario designada para el "Empleado," guarde una copia, y déle el resto a su empleador. Entonces, su empleador completará la sección designada para el "Empleador," le dará a Ud. una copia fechada, guardará una copia, y enviará una al administrador de reclamos. Los beneficios no pueden comenzar hasta, que el administrador de reclamos se entere de la lesión, así que complete el formulario lo antes posible.

**Atención Médica:** Su administrador de reclamos pagará toda la atención médica razonable y necesaria, para su lesión o enfermedad relacionada con el trabajo. Es posible que los beneficios médicos incluyan el tratamiento por parte de un médico, los servicios de hospital, la terapia física, los análisis de laboratorio y las medicinas. Su administrador de reclamos pagará directamente los costos, de manera que usted nunca verá un cobro. Hay un límite para ciertos servicios médicos.

**El Médico Primario que le Atiende-Primary Treating Physician PTP** es el médico con la responsabilidad total para tratar su lesión o enfermedad. Generalmente, su empleador selecciona al PTP que Ud. verá durante los primeros 30 días. Sin embargo, en condiciones específicas, es posible que usted pueda ser tratado por su médico o grupo médico previamente designado. Si el doctor dice que usted aún necesita tratamiento después de 30 días, es posible que Ud. pueda cambiar al médico de su preferencia. Hay reglas diferentes que se aplican cuando su empleador usa una Organización de Cuidado Médico (HCO) o una Red de Proveedores Médicos (MPN). Una MPN es una red de proveedores de asistencia médica seleccionados para dar tratamiento a los trabajadores lesionados en el trabajo. Usted debe recibir información de su empleador si su tratamiento es cubierto por una HCO o una MPN. Hable con su empleador para más información. Si su empleador no ha colocado un cartel describiendo sus derechos para la compensación de trabajadores, Ud. puede seleccionar a su propio médico inmediatamente.

Dentro de un día después de que Ud. presente un formulario de reclamo, su empleador autorizará todo tratamiento médico de acuerdo con las pautas de tratamiento aplicables a la presunta lesión y será responsable por \$10,000 en tratamiento hasta que el reclamo sea aceptado o rechazado.

**Divulgación de Expedientes Médicos:** Después de que Ud. presente un reclamo para beneficios de compensación de trabajadores, sus expedientes médicos no tendrán el mismo nivel de privacidad que usted normalmente espera. Si Ud. no está de acuerdo en divulgar voluntariamente los expedientes médicos, un juez de compensación de trabajadores posiblemente decida qué expedientes se revelarán. Si Ud. solicita privacidad, es posible que el juez "selle" (mantenga privados) ciertos expedientes médicos.

**Pago por Incapacidad Temporal (Sueldos Perdidos):** Si Ud. no puede trabajar, mientras se está recuperando de una lesión o enfermedad relacionada con el trabajo, Ud. recibirá pagos por incapacidad temporal para la mayoría de las lesiones por un periodo limitado. Es posible que estos pagos cambien o paren, cuando su médico diga que Ud. está en condiciones de regresar a trabajar. Estos beneficios son libres de impuestos. Los pagos

\* The latest version of this form is available online, under Legacy forms, Claim and court forms: [www.dir.ca.gov/dwc/forms.html](http://www.dir.ca.gov/dwc/forms.html)



**Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility**  
**Formulario de Reclamo de Compensación de Trabajadores (DWC 1) y Notificación de Posible Elegibilidad**



be temporary or may be extended depending on the nature of your injury or illness.

**Payment for Permanent Disability:** If a doctor says your injury or illness results in a permanent disability, you may receive additional payments. The amount will depend on the type of injury, your age, occupation, and date of injury.

**Supplemental Job Displacement Benefit (SJDB):** If you were injured after 1/1/04 and you have a permanent disability that prevents you from returning to work within 60 days after your temporary disability ends, and your employer does not offer modified or alternative work, you may qualify for a nontransferable voucher payable to a school for retraining and/or skill enhancement. If you qualify, the claims administrator will pay the costs up to the maximum set by state law based on your percentage of permanent disability.

**Death Benefits:** If the injury or illness causes death, payments may be made to relatives or household members who were financially dependent on the deceased worker.

**It is illegal for your employer** to punish or fire you for having a job injury or illness, for filing a claim, or testifying in another person's workers' compensation case (Labor Code 132a). If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

You have the right to disagree with decisions affecting your claim. If you have a disagreement, contact your claims administrator first to see if you can resolve it. If you are not receiving benefits, you may be able to get State Disability Insurance (SDI) benefits. Call State Employment Development Department at (800) 480-3287.

You can obtain free information from an information and assistance officer of the State Division of Workers' Compensation (DWC), or you can hear recorded information and a list of local offices by calling **(800) 736-7401**. You may also go to the DWC website at [www.dwc.ca.gov](http://www.dwc.ca.gov).

**You can consult with an attorney.** Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at (415) 538-2120 or go to their web site at [www.californiaspecialist.org](http://www.californiaspecialist.org).

por incapacidad temporal son dos tercios de su pago semanal promedio, con cantidades mínimas y máximas establecidas por las leyes estatales. Los pagos no se hacen durante los primeros tres días en que Ud. no trabaje, a menos que Ud. sea hospitalizado una noche o no pueda trabajar durante más de 14 días.

**Regreso al Trabajo:** Para ayudarle a regresar a trabajar lo antes posible, Ud. debe comunicarse de manera activa con el médico que le atiende, el administrador de reclamos y el empleador, con respecto a las clases de trabajo que Ud. puede hacer mientras se recupera. Es posible que ellos coordinen esfuerzos para regresarle a un trabajo modificado, o a otro trabajo, que sea apropiado desde el punto de vista médico. Este trabajo modificado u otro trabajo podría ser temporal o podría extenderse dependiendo de la índole de su lesión o enfermedad.

**Pago por Incapacidad Permanente:** Si el doctor dice que su lesión o enfermedad resulta en una incapacidad permanente, es posible que Ud. reciba pagos adicionales. La cantidad dependerá de la clase de lesión, su edad, su ocupación y la fecha de la lesión.

**Beneficio Suplementario por Desplazamiento de Trabajo:** Si Ud. Se lesionó después del 1/1/04 y tiene una incapacidad permanente que le impide regresar al trabajo dentro de 60 días después de que los pagos por incapacidad temporal terminen, y su empleador no ofrece un trabajo modificado o alternativo, es posible que usted reúna los requisitos para recibir un vale no-transferible pagadero a una escuela para recibir un nuevo entrenamiento y/o mejorar su habilidad. Si Ud. reúne los requisitos, el administrador de reclamos pagará los gastos hasta un máximo establecido por las leyes estatales basado en su porcentaje de incapacidad permanente.

**Beneficios por Muerte:** Si la lesión o enfermedad causa la muerte, es posible que los pagos se hagan a los parientes o a las personas que viven en el hogar y que dependían económicamente del trabajador difunto.

**Es ilegal que su empleador** le castigue o despida, por sufrir una lesión o enfermedad en el trabajo, por presentar un reclamo o por testificar en el caso de compensación de trabajadores de otra persona. (El Código Laboral sección 132a.) De ser probado, usted puede recibir pagos por pérdida de sueldos, reposición del trabajo, aumento de beneficios y gastos hasta los límites establecidos por el estado.

Ud. tiene derecho a no estar de acuerdo con las decisiones que afecten su reclamo. Si Ud. tiene un desacuerdo, primero comuníquese con su administrador de reclamos para ver si usted puede resolverlo. Si usted no está recibiendo beneficios, es posible que Ud. pueda obtener beneficios del Seguro Estatal de Incapacidad (SDI). Llame al Departamento Estatal del Seguro del Empleo (EDD) al (800) 480-3287.

Ud. puede obtener información gratis, de un oficial de información y asistencia, de la División Estatal de Compensación de Trabajadores (*Division of Workers' Compensation - DWC*) o puede escuchar información grabada, así como una lista de oficinas locales llamando al **(800) 736-7401**. Ud. también puede consultar con la página Web de la DWC en [www.dwc.ca.gov](http://www.dwc.ca.gov).

**Ud. puede consultar con un abogado.** La mayoría de los abogados ofrecen una consulta gratis. Si Ud. decide contratar a un abogado, los honorarios serán tomados de algunos de sus beneficios. Para obtener nombres de abogados de compensación de trabajadores, llame a la Asociación Estatal de Abogados de California (*State Bar*) al (415) 538-2120, ó consulte con la página Web en [www.californiaspecialist.org](http://www.californiaspecialist.org).





**WORKERS' COMPENSATION CLAIM FORM (DWC 1)**

**PETITION DEL EMPLEADO PARA DE COMPENSACIÓN DEL TRABAJADOR (DWC 1)**

**Employee:** Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at (800) 736-7401. An explanation of workers' compensation benefits is included as the cover sheet of this form.

**Empleado:** Complete la sección "Empleado" y entregue la forma a su empleador. *Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la División de Compensación al Trabajador al (800) 736-7401 para oír información grabada. En la hoja cubierta de esta forma esta la explicación de los beneficios de compensación al trabajador.*

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them.

*Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos.*

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonia".

**Employee—complete this section and see note above      Empleado—complete esta sección y note la notación arriba.**

1. Name. *Nombre.* \_\_\_\_\_ Today's Date. *Fecha de Hoy.* \_\_\_\_\_
2. Home Address. *Dirección Residencial.* \_\_\_\_\_
3. City. *Ciudad.* \_\_\_\_\_ State. *Estado.* \_\_\_\_\_ Zip. *Código Postal.* \_\_\_\_\_
4. Date of Injury. *Fecha de la lesión (accidente).* \_\_\_\_\_ Time of Injury. *Hora en que ocurrió.* \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.
5. Address and description of where injury happened. *Dirección/lugar dónde ocurrió el accidente.* \_\_\_\_\_
6. Describe injury and part of body affected. *Describe la lesión y parte del cuerpo afectada.* \_\_\_\_\_
7. Social Security Number. *Número de Seguro Social del Empleado.* \_\_\_\_\_
8. Signature of employee. *Firma del empleado.* \_\_\_\_\_

**Employer—complete this section and see note below.      Empleador—complete esta sección y note la notación abajo.**

9. Name of employer. *Nombre del empleador.* \_\_\_\_\_
10. Address. *Dirección.* \_\_\_\_\_
11. Date employer first knew of injury. *Fecha en que el empleador supo por primera vez de la lesión o accidente.* \_\_\_\_\_
12. Date claim form was provided to employee. *Fecha en que se le entregó al empleado la petición.* \_\_\_\_\_
13. Date employer received claim form. *Fecha en que el empleado devolvió la petición al empleador.* \_\_\_\_\_
14. Name and address of insurance carrier or adjusting agency. *Nombre y dirección de la compañía de seguros o agencia administradora de seguros.* \_\_\_\_\_
15. Insurance Policy Number. *El número de la póliza de Seguro.* \_\_\_\_\_
16. Signature of employer representative. *Firma del representante del empleador.* \_\_\_\_\_
17. Title. *Título.* \_\_\_\_\_
18. Telephone. *Teléfono.* \_\_\_\_\_

**Employer:** You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within **one working day** of receipt of the form from the employee.

**Empleador:** *Se requiere que Ud. feche esta forma y que provéa copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de un día hábil desde el momento de haber sido recibida la forma del empleado.*

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

- Employer copy/Copia del Empleador     Employee copy/ Copia del Empleado     Claims Administrator/Administrador de Reclamos     Temporary Receipt/Recibo del Empleado

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## **B2. Doctor's First Report of Occupational Injury or Illness (Form 5021)\***

The first time a physician sees a patient with a job injury or illness, the physician must fill out a Doctor's First Report of Occupational Injury or Illness (DFR), Form 5021. (The DFR is shown on the next page. The latest version of this form is available online at [www.dir.ca.gov/dlsr/dlsrform5021.pdf](http://www.dir.ca.gov/dlsr/dlsrform5021.pdf).) Two copies must be sent to the workers' compensation insurer within five days of the initial examination.

If treatment is for diagnosed or suspected pesticide poisoning, the DFR must be sent to the state Division of Labor Statistics and Research (P.O. Box 420603, San Francisco, CA 94142-0603), and the local health officer must be notified within 24 hours. Telephone numbers of local health officers throughout California are posted at the following website of the state Office of Environmental Health Hazard Assessment: [www.oehha.ca.gov/pesticides/pdf/pestnums.pdf](http://www.oehha.ca.gov/pesticides/pdf/pestnums.pdf).

**DOCTOR'S FIRST REPORT OF OCCUPATIONAL INJURY OR ILLNESS**

Within 5 days of your initial examination, for every occupational injury or illness, send two copies of this report to the employer's workers' compensation insurance carrier or the insured employer. Failure to file a timely doctor's report may result in assessment of a civil penalty. In the case of diagnosed or suspected pesticide poisoning, send a copy of the report to Division of Labor Statistics and Research, P.O. Box 420603, San Francisco, CA 94142-0603, and notify your local health officer by telephone within 24 hours.

1. INSURER NAME AND ADDRESS		PLEASE DO NOT USE THIS COLUMN	
2. EMPLOYER NAME		Case No.	
3. Address	No. and Street	City	Zip
4. Nature of business (e.g., food manufacturing, building construction, retailer of women's clothes.)			Industry
5. PATIENT NAME (first name, middle initial, last name)			Age
6. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		7. Date of Birth Mo. Day Yr.	
8. Address:	No. and Street	City	Zip
9. Telephone number ( )			Hazard
10. Occupation (Specific job title)			11. Social Security Number - -
12. Injured at:			Hospitalization
13. Date and hour of injury or onset of illness		14. Date last worked	
Mo. Day Yr. _____ a.m. _____ p.m.		Mo. Day Yr.	
15. Date and hour of first examination or treatment		16. Have you (or your office) previously treated patient?	
Mo. Day Yr. _____ a.m. _____ p.m.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Patient please complete this portion, if able to do so. Otherwise, doctor please complete immediately, inability or failure of a patient to complete this portion shall not affect his/her rights to workers' compensation under the California Labor Code.			
17. DESCRIBE HOW THE ACCIDENT OR EXPOSURE HAPPENED. (Give specific object, machinery or chemical. Use reverse side if more space is required.)			
18. SUBJECTIVE COMPLAINTS (Describe fully. Use reverse side if more space is required.)			
19. OBJECTIVE FINDINGS (Use reverse side if more space is required.)			
A. Physical examination			
B. X-ray and laboratory results (State if non or pending.)			
20. DIAGNOSIS (if occupational illness specify etiologic agent and duration of exposure.) Chemical or toxic compounds involved? <input type="checkbox"/> Yes <input type="checkbox"/> No			
ICD-9 Code _____ - _____			
21. Are your findings and diagnosis consistent with patient's account of injury or onset of illness? <input type="checkbox"/> Yes <input type="checkbox"/> No If "no", please explain.			
22. Is there any other current condition that will impede or delay patient's recovery? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please explain.			
23. TREATMENT RENDERED (Use reverse side if more space is required.)			
24. If further treatment required, specify treatment plan/estimated duration.			
25. If hospitalized as inpatient, give hospital name and location		Date admitted	Estimated stay
Mo. Day Yr.			
26. WORK STATUS -- Is patient able to perform usual work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "no", date when patient can return to: Regular work ____/____/____			
Modified work ____/____/____ Specify restrictions _____			
Doctor's Signature _____		CA License Number _____	
Doctor Name and Degree (please type) _____		IRS Number _____	
Address _____		Telephone Number (____) _____	

FORM 5021 (Rev. 4) 1992

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

\* The latest version of this form is available online: [www.dir.ca.gov/dlsr/dlsform5021.pdf](http://www.dir.ca.gov/dlsr/dlsform5021.pdf)

### B3. Primary Treating Physician's Progress Report (DWC Form PR-2)\*

State of California Division of Workers' Compensation	Additional pages attached <input type="checkbox"/>
--	--

**PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR-2)**

Check the boxes which indicate why you are submitting a report at this time. If the patient is "Permanent and Stationary" (i.e., has reached maximum medical improvement), do not use this form. You may use DWC Forms PR-3 or PR-4.

Periodic Report (required 45 days after last report)     Change in treatment plan     Released from care

Change in work status     Need for referral or consultation     Response to request for information

Change in patient's condition     Need for surgery or hospitalization     Request for authorization

Other: \_\_\_\_\_

**Patient:**  
Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Sex \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Injury \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Occupation \_\_\_\_\_ SS # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Claims Administrator:**  
Name \_\_\_\_\_ Claim Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
**Employer name:** \_\_\_\_\_ Employer Phone (\_\_\_\_) \_\_\_\_\_

The information below must be provided. You may use this form or you may substitute or append a narrative report.

**Subjective complaints:**

\_\_\_\_\_

\_\_\_\_\_

**Objective findings:** (Include significant physical examination, laboratory, imaging, or other diagnostic findings.)

\_\_\_\_\_

\_\_\_\_\_

**Diagnoses:**

1. \_\_\_\_\_ ICD-9 \_\_\_\_\_

2. \_\_\_\_\_ ICD-9 \_\_\_\_\_

3. \_\_\_\_\_ ICD-9 \_\_\_\_\_

---

**Treatment Plan:** (Include treatment rendered to date. List methods, frequency and duration of planned treatment(s). Specify consultation/referral, surgery, and hospitalization. Identify each physician and non-physician provider. Specify type, frequency and duration of physical medicine services (e.g., physical therapy, manipulation, acupuncture). Use of CPT codes is encouraged. Have there been any **changes** in treatment plan? If so, why?

\_\_\_\_\_

\_\_\_\_\_

**DWC Form PR-2**  
(Rev. 06-05)

1

\* The latest version of this form is available online, under Legacy forms, Claim and court forms:  
[www.dir.ca.gov/dwc/forms.html](http://www.dir.ca.gov/dwc/forms.html)

**PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR-2)**

**Work Status:** This patient has been instructed to:

- Remain off-work until \_\_\_\_\_.
- Return to *modified* work on \_\_\_\_\_ with the following limitations or restrictions  
(List all specific restrictions re: standing, sitting, bending, use of hands, etc.):
- Return to full duty on \_\_\_\_\_ with no limitations or restrictions.

**Primary Treating Physician:** (original signature, do not stamp)      Date of exam: \_\_\_\_\_

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code § 139.3.

Signature: \_\_\_\_\_ Cal. Lic. # \_\_\_\_\_  
Executed at: \_\_\_\_\_ Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Specialty: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_





Division of Workers' Compensation  
**PRIMARY TREATING PHYSICIAN'S PERMANENT AND STATIONARY REPORT (PR-3)**

**Relevant Medical History:**

**Objective Findings:**

**Physical Examination:** (Describe all relevant findings; include any specific measurements indicating atrophy, range of motion, strength, etc.; include bilateral measurements - injured/uninjured - for upper and lower extremity injuries.)

**Diagnostic tests results** (X-ray/Imaging/Laboratory/etc.)

**Diagnoses** (List each diagnosis; ICD-9 code must be included)

ICD-9

- |    |       |       |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |

	Yes	No	Cannot Determine
Can this patient now return to his/her usual occupation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If not, can the patient perform another line of work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE OF CALIFORNIA  
Division of Workers' Compensation  
**PRIMARY TREATING PHYSICIAN'S PERMANENT AND STATIONARY REPORT (PR-3)**

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**Subjective Findings:** Provide your professional assessment of the subjective factors of disability, based on your evaluation of the patient's complaints, your examination, and other findings. List specific symptoms (e.g. pain right wrist) and their frequency, severity, and/or precipitating activity using the following definitions:

**Severity:** Minimal pain - an annoyance, causes no handicap in performance.  
Slight pain - tolerable, causes some handicap in performance of the activity precipitating pain.  
Moderate pain - tolerable, causes marked handicap in the performance of the activity precipitating pain.  
Severe pain - precludes performance of the activity precipitating pain.

**Frequency:** Occasional - occurs roughly one fourth of the time.  
Intermittent - occurs roughly one half of the time.  
Frequent - occurs roughly three fourths of the time.  
Constant - occurs roughly 90 to 100% of time.

**Precipitating activity:** Description of precipitating activity gives a sense of how often a pain is felt and thus may be used with or without a frequency modifier. If pain is constant during precipitating activity, then no frequency modifier should be used. For example, a finding of "moderate pain on heavy lifting" connotes that moderate pain is felt whenever heavy lifting occurs. In contrast, "intermittent moderate pain on heavy lifting" implies that moderate pain is only felt half the time when engaged in heavy lifting.

	Yes	No	Cannot determine
<b>Pre-Injury Capacity</b> Are there any activities at home or at work that the patient cannot do as well now as could be done prior to this injury or illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please describe pre-injury capacity and current capacity (e.g. used to regularly lift a 30 lb. child, now can only lift 10 lbs.; could sit for 2 hours, now can only sit for 15 mins.)

- 1.
- 2.
- 3.
- 4.

STATE OF CALIFORNIA  
Division of Workers' Compensation  
**PRIMARY TREATING PHYSICIAN'S PERMANENT AND STATIONARY REPORT (PR-3)**

**Preclusions/Work Restrictions**

	Yes	No	Cannot determine
Are there any activities the patient cannot do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please describe all preclusions or restrictions related to work activities (e.g. no lifting more than 10 lbs. above shoulders; must use splint; keyboard only 45 mins. per hour; must have sit/stand workstation; no repeated bending). Include restrictions which may not be relevant to current job but may affect future efforts to find work on the open labor market (e.g. include lifting restriction even if current job requires no lifting; include limits on repetitive hand movements even if current job requires none).

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

**Medical Treatment:** Describe any continuing medical treatment related to this injury that you believe must be provided to the patient. ("Continuing medical treatment" is defined as occurring or presently planned treatment.) Also, describe any medical treatment the patient may require in the future. ("Future medical treatment" is defined as treatment which is anticipated at some time in the future to cure or relieve the employee from the effects of the injury.) Include medications, surgery, physical medicine services, durable equipment, etc.

**Comments:**

STATE OF CALIFORNIA  
Division of Workers' Compensation  
**PRIMARY TREATING PHYSICIAN'S PERMANENT AND STATIONARY REPORT (PR-3)**

**Apportionment:**

Effective April 19, 2004, apportionment of permanent disability shall be based on causation. Furthermore, any physician who prepares a report addressing permanent disability due to a claimed industrial injury is required to address the issue of causation of the permanent disability, and in order for a permanent disability report to be complete, the report must include an apportionment determination. This determination shall be made pursuant to Labor Code Sections 4663 and 4664 set forth below:

**Labor Code Section 4663. Apportionment of permanent disability; Causation as basis; Physician's report; Apportionment determination; Disclosure by employee**

- (a) Apportionment of permanent disability shall be based on causation.
- (b) Any physician who prepares a report addressing the issue of permanent disability due to a claimed industrial injury shall in that report address the issue of causation of the permanent disability.
- (c) In order for a physician's report to be considered complete on the issue of permanent disability, it must include an apportionment determination. A physician shall make an apportionment determination by finding what approximate percentage of the permanent disability was caused by the direct result of injury arising out of and occurring in the course of employment and what approximate percentage of the permanent disability was caused by other factors both before and subsequent to the industrial injury, including prior industrial injuries. If the physician is unable to include an apportionment determination in his or her report, the physician shall state the specific reasons why the physician could not make a determination of the effect of that prior condition on the permanent disability arising from the injury. The physician shall then consult with other physicians or refer the employee to another physician from whom the employee is authorized to seek treatment or evaluation in accordance with this division in order to make the final determination.
- (d) An employee who claims an industrial injury shall, upon request, disclose all previous permanent disabilities or physical impairments.

**Labor Code section 4664. Liability of employer for percentage of permanent disability directly caused by injury; Conclusive presumption from prior award of permanent disability; Accumulation of permanent disability awards**

- (a) The employer shall only be liable for the percentage of permanent disability directly caused by the injury arising out of and occurring in the course of employment.
- (b) If the applicant has received a prior award of permanent disability, it shall be conclusively presumed that the prior permanent disability exists at the time of any subsequent industrial injury. This presumption is a presumption affecting the burden of proof.
- (c)(1) The accumulation of all permanent disability awards issued with respect to any one region of the body in favor of one individual employee shall not exceed 100 percent over the employee's lifetime unless the employee's injury or illness is conclusively presumed to be total in character pursuant to Section 4662. As used in this section, the regions of the body are the following:



STATE OF CALIFORNIA  
Division of Workers' Compensation  
**PRIMARY TREATING PHYSICIAN'S PERMANENT AND STATIONARY REPORT (PR-3)**

- (A) Hearing.
  - (B) Vision.
  - (C) Mental and behavioral disorders.
  - (D) The spine.
  - (E) The upper extremities, including the shoulders.
  - (F) The lower extremities, including the hip joints.
  - (G) The head, face, cardiovascular system, respiratory system, and all other systems or regions of the body not listed in subparagraphs (A) to (F), inclusive.
- (2) Nothing in this section shall be construed to permit the permanent disability rating for each individual injury sustained by an employee arising from the same industrial accident, when added together, from exceeding 100 percent.

	Yes	No
Is the permanent disability directly caused, by an injury or illness arising out of and in the course of employment?	<input type="checkbox"/>	<input type="checkbox"/>
Is the permanent disability caused, in whole or in part, by other factors besides this industrial injury or illness, including any prior industrial injury or illness?	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to the second question is "yes," provide below: (1) the approximate percentage of the permanent disability that is due to factors other than the injury or illness arising out of and in the course of employment; and (2) a complete narrative description of the basis for your apportionment finding. If you are unable to include an apportionment determination in your report, state the specific reasons why you could not make this determination. You may attach your findings and explanation on a separate sheet.

STATE OF CALIFORNIA  
Division of Workers' Compensation  
**PRIMARY TREATING PHYSICIAN'S PERMANENT AND STATIONARY REPORT (PR-3)**

List information you reviewed in preparing this report, or relied upon for the formulation of your medical opinions:

Medical Records:

Written Job Description:

Other:

STATE OF CALIFORNIA  
Division of Workers' Compensation  
**PRIMARY TREATING PHYSICIAN'S PERMANENT AND STATIONARY REPORT (PR-3)**

**Primary Treating Physician (original signature, do not stamp)**

I declare under penalty of perjury that this report is true and correct to the best of my knowledge, and that I have not violated Labor Code §139.3.

Signature: \_\_\_\_\_ Cal. Lic. #: \_\_\_\_\_

Executed at: \_\_\_\_\_ Date: \_\_\_\_\_  
(County and State)

Name (Printed): \_\_\_\_\_ Specialty: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

**B5. Primary Treating Physician's Permanent and Stationary Report (DWC Form PR-4),  
for ratings prepared pursuant to the 2005 Permanent Disability Rating Schedule\***

STATE OF CALIFORNIA  
Division of Workers' Compensation  
**PRIMARY TREATING PHYSICIAN'S PERMANENT AND STATIONARY REPORT (PR-4)**

This form is required to be used for ratings prepared pursuant to the 2005 Permanent Disability Rating Schedule and the AMA Guides to the Evaluation of Permanent Impairment (5<sup>th</sup> Ed.). It is designed to be used by the primary treating physician to report the initial evaluation of permanent impairment to the claims administrator. It should be completed if the patient has residual effects from the injury or may require future medical care. In such cases, it should be completed once the patient's condition becomes permanent and stationary.

**This form should not be used by a Qualified Medical Evaluator (QME) or Agreed Medical Evaluator (AME) to report a medical-legal evaluation.**

**Patient:**  
Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ First Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Occupation \_\_\_\_\_ Social Security Number \_\_\_\_\_ Phone No. \_\_\_\_\_

**Claims Administrator/Insurer:**  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Employer:**  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Treating Physician:**  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

You must address each of the issues below. You may substitute or append a narrative report if you require additional space to adequately report on these issues.

Date of Injury \_\_\_\_\_ Last date \_\_\_\_\_ Permanent & \_\_\_\_\_ Date of current \_\_\_\_\_  
*Date* *worked* *Date* *Stationary* *Date* *examination* *Date*

**Description of how injury/illness occurred (e.g. Hand caught in punch press; fell from height onto back; exposed 25 years ago to asbestos):**

**Patient's Complaints:**

**DWC Form PR-4  
(Rev. 06-05)** 1

\* The latest version of this form is available online, under Legacy forms, Claim and court forms:  
[www.dir.ca.gov/dwc/forms.html](http://www.dir.ca.gov/dwc/forms.html)

STATE OF CALIFORNIA  
Division of Workers' Compensation

**PRIMARY TREATING PHYSICIAN'S PERMANENT AND STATIONARY REPORT (PR-4)**

**Relevant Medical History:**

**Objective Findings:**

**Physical Examination:** Describe all relevant findings as required by the AMA Guides, 5<sup>th</sup> Edition. Include any specific measurements indicating atrophy, range of motion, strength, etc. Include bilateral measurements - injured/uninjured - for injuries of the extremities.

**Diagnostic tests results** (X-ray/Imaging/Laboratory/etc.)

**Diagnoses** (List each diagnosis; ICD-9 code must be included)

ICD-9

- |          |       |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

**Impairment Rating:**

Report the whole person impairment (WPI) rating for each impairment using the AMA Guides, 5<sup>th</sup> Edition, and explain how the rating was derived. List tables used and page numbers.

Impairment	WPI%	Table #(s).	Page #(s)
Explanation			
Impairment	WPI%	Table #(s).	Page #(s)
Explanation			
Impairment	WPI%	Table #(s).	Page #(s)
Explanation			
Impairment	WPI%	Table #(s).	Page #(s)
Explanation			



STATE OF CALIFORNIA  
Division of Workers' Compensation

**PRIMARY TREATING PHYSICIAN'S PERMANENT AND STATIONARY REPORT (PR-4)**

**Pain assessment:**

If the burden of the worker's condition has been increased by pain-related impairment in excess of the pain component already incorporated in the WPI rating under Chapters 3-17 of the AMA Guides, 5<sup>th</sup> Edition, specify the additional whole person impairment rating (0% up to 3% WPI) attributable to such pain. For excess pain involving multiple impairments, attribute the pain in whole number increments to the appropriate impairments. The sum of all pain impairment ratings may not exceed 3% for a single injury.

**Apportionment:**

Effective April 19, 2004, apportionment of permanent disability shall be based on causation. Furthermore, any physician who prepares a report addressing permanent disability due to a claimed industrial injury is required to address the issue of causation of the permanent disability, and in order for a permanent disability report to be complete, the report must include an apportionment determination. This determination shall be made pursuant to Labor Code Sections 4663 and 4664 set forth below:

**Labor Code section 4663. Apportionment of permanent disability; Causation as basis; Physician's report; Apportionment determination; Disclosure by employee**

- (a) Apportionment of permanent disability shall be based on causation.
- (b) Any physician who prepares a report addressing the issue of permanent disability due to a claimed industrial injury shall in that report address the issue of causation of the permanent disability.
- (c) In order for a physician's report to be considered complete on the issue of permanent disability, it must include an apportionment determination. A physician shall make an apportionment determination by finding what approximate percentage of the permanent disability was caused by the direct result of injury arising out of and occurring in the course of employment and what approximate percentage of the permanent disability was caused by other factors both before and subsequent to the industrial injury, including prior industrial injuries. If the physician is unable to include an apportionment determination in his or her report, the physician shall state the specific reasons why the physician could not make a determination of the effect of that prior condition on the permanent disability arising from the injury. The physician shall then consult with other physicians or refer the employee to another physician from whom the employee is authorized to seek treatment or evaluation in accordance with this division in order to make the final determination.
- (d) An employee who claims an industrial injury shall, upon request, disclose all previous permanent disabilities or physical impairments.

**Labor Code section 4664. Liability of employer for percentage of permanent disability directly caused by injury; Conclusive presumption from prior award of permanent disability; Accumulation of permanent disability awards**

- (a) The employer shall only be liable for the percentage of permanent disability directly caused by the injury arising out of and occurring in the course of employment.
- (b) If the applicant has received a prior award of permanent disability, it shall be conclusively presumed that the prior permanent disability exists at the time of any subsequent industrial injury. This presumption is a presumption affecting the burden of proof.
- (c)(1) The accumulation of all permanent disability awards issued with respect to any one region of the body in favor of one individual employee shall not exceed 100 percent over the employee's lifetime unless the employee's injury or illness is conclusively presumed to be total in character pursuant to Section 4662. As used in this section, the regions of the body are the following:
  - A) Hearing.
  - (B) Vision.

STATE OF CALIFORNIA  
Division of Workers' Compensation

**PRIMARY TREATING PHYSICIAN'S PERMANENT AND STATIONARY REPORT (PR-4)**

(C) Mental and behavioral disorders.

(D) The spine.

(E) The upper extremities, including the shoulders.

(F) The lower extremities, including the hip joints.

(G) The head, face, cardiovascular system, respiratory system, and all other systems or regions of the body not listed in subparagraphs (A) to (F), inclusive.

(2) Nothing in this section shall be construed to permit the permanent disability rating for each individual injury sustained by an employee arising from the same industrial accident, when added together, from exceeding 100 percent.

	Yes	No
Is the permanent disability directly caused, by an injury or illness arising out of and in the course of employment?	<input type="checkbox"/>	<input type="checkbox"/>
Is the permanent disability caused, in whole or in part, by other factors besides this industrial injury or illness, including any prior industrial injury or illness?	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to the second question is "yes," provide below: (1) the approximate percentage of the permanent disability that is due to factors other than the injury or illness arising out of and in the course of employment; and (2) a complete narrative description of the basis for your apportionment finding. If you are unable to include an apportionment determination in your report, state the specific reasons why you could not make this determination. You may attach your findings and explanation on a separate sheet.

STATE OF CALIFORNIA  
Division of Workers' Compensation

**PRIMARY TREATING PHYSICIAN'S PERMANENT AND STATIONARY REPORT (PR-4)**

**Future Medical Treatment:** Describe any continuing medical treatment related to this injury that you believe must be provided to the patient. ("Continuing medical treatment" is defined as occurring or presently planned treatment.) And describe any medical treatment the patient may require in the future. ("Future medical treatment" is defined as treatment which is anticipated at some time in the future to cure or relieve the employee from the effects of the injury.) Include medications, surgery, physical medicine services, durable equipment, etc.

**Comments:**

**Functional Capacity Assessment:**

**Note: The following assessment of functional capacity is to be prepared by the treating physician, solely for the purpose of determining a claimant's ability to return to his or her usual and customary occupation, and will not to be considered in the permanent impairment rating.**

Limited, but retains MAXIMUM capacities to LIFT (including upward pulling) and/or CARRY:

10 lbs.  20 lbs.  30 lbs.  40 lbs.  50 or more lbs.

FREQUENTLY LIFT and/or CARRY:

10 lbs.  20 lbs.  30 lbs.  40 lbs.  50 or more lbs.

OCCASIONALLY LIFT and/or CARRY:

10 lbs.  20 lbs.  30 lbs.  40 lbs.  50 or more lbs.

STAND and/or WALK a total of:

Less than 2 HOURS per 8 hour day  
 Less than 4 HOURS per 8 hour day  
 Less than 6 HOURS per 8 hour day  
 Less than 8 HOURS per 8 hour day

**SIT a total of:**

Less than 2 HOURS per 8 hour day  
 Less than 4 HOURS per 8 hour day  
 Less than 6 HOURS per 8 hour day  
 Less than 8 HOURS per 8 hour day

PUSH and/or PULL (including hand or foot controls):

UNLIMITED  
 LIMITED (Describe degree of limitation)

STATE OF CALIFORNIA  
 Division of Workers' Compensation  
**PRIMARY TREATING PHYSICIAN'S PERMANENT AND STATIONARY REPORT (PR-4)**

ACTIVITIES ALLOWED:

	Frequently	Occasionally	Never
Climbing	[ ]	[ ]	[ ]
Balancing	[ ]	[ ]	[ ]
Stooping	[ ]	[ ]	[ ]
Kneeling	[ ]	[ ]	[ ]
Crouching	[ ]	[ ]	[ ]
Crawling	[ ]	[ ]	[ ]
Twisting	[ ]	[ ]	[ ]
Reaching	[ ]	[ ]	[ ]
Handling	[ ]	[ ]	[ ]
Fingering	[ ]	[ ]	[ ]
Feeling	[ ]	[ ]	[ ]
Seeing	[ ]	[ ]	[ ]
Hearing	[ ]	[ ]	[ ]
Speaking	[ ]	[ ]	[ ]

Describe in what ways the impaired activities are limited:

Environmental restrictions (e.g. heights, machinery, temperature extremes, dust, fumes, humidity, vibration etc.)

Can this patient now return to his/her usual occupation? Yes No

List information you reviewed in preparing this report, or relied upon for the formulation of your medical opinions:

Medical Records:

Written Job Description:

STATE OF CALIFORNIA  
Division of Workers' Compensation  
**PRIMARY TREATING PHYSICIAN'S PERMANENT AND STATIONARY REPORT (PR-4)**

Other:

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**Primary Treating Physician (original signature, do not stamp)**

I declare under penalty of perjury that this report is true and correct to the best of my knowledge, and that I have not violated Labor Code §139.3.

Signature: \_\_\_\_\_

Cal. Lic. # : \_\_\_\_\_

Executed at: \_\_\_\_\_

Date: \_\_\_\_\_

(County and State)

Name (Printed): \_\_\_\_\_

Specialty: \_\_\_\_\_

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## **C1. Information & Assistance Officers**

Information & Assistance (I&A) officers are housed within the state Division of Workers' Compensation. They answer questions and provide information and forms to injured workers free of charge. They may help resolve problems, but they cannot actively prepare a worker's case, argue on behalf of the worker, or speak as the worker's representative (unlike an attorney).

For addresses and phone numbers of I&A district offices, check the Government Pages at the front of the white pages of a phone book. Look under: State Government Offices/Industrial Relations/ Workers' Compensation. Also see the website of the state Division of Workers' Compensation (DWC): [www.dir.ca.gov/dwc](http://www.dir.ca.gov/dwc).



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## **C2. Legal Services Programs**

Legal services programs offer free legal services to persons with very low income. There may be exceptions, and there may be additional eligibility requirements.

To learn if a person is eligible for free legal services, he or she should call or visit a local legal services office. To do a search for legal services offices by geographic area and type of legal problem, go to the website of LawHelpCA: [www.LawHelpCalifornia.org](http://www.LawHelpCalifornia.org).

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### **C3. Workers' Compensation Applicants' Attorneys**

Applicants' attorneys represent injured workers in their work injury cases. Most applicants' attorneys provide free consultations. If a worker hires an applicants' attorney, the attorney's fee is usually taken out of some of the worker's benefits when the case closes. The fee is usually a percentage of the worker's final permanent disability settlement or award. A workers' compensation judge must approve the fee. Often applicants' attorneys will not take cases where the worker does not have a permanent disability or where the employer is illegally uninsured.

Names of applicants' attorneys can be obtained from a state Information & Assistance (I&A) office (see Appendix C1), the State Bar of California (website: [www.calbar.ca.gov](http://www.calbar.ca.gov)), a certified lawyer referral service, a local bar association, the California Applicants' Attorneys Association (toll-free within California: 1-800-648-3132; website: [www.caaa.org](http://www.caaa.org)), or a county legal aid society.

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#### C4. Consultation Services

At the time of publication of this booklet, the following persons and organizations are available to provide information or consultation with community health centers on sustainable workers' compensation medical services:

Jose A. Chibras-Sainz, MD  
Chief Medical Officer  
Internal Medicine  
Salud Para La Gente  
195 Aviation Way, Suite 200  
Watsonville, CA 95076  
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## **D1. Medical Treatment Utilization Schedule**

The Medical Treatment Utilization Schedule (MTUS) is a set of guidelines and an analytical framework used by insurance companies to make decisions on appropriate treatment in California workers' compensation cases. The MTUS is set forth in the California Code of Regulations, title 8, sections 9792.20-9792.26. These regulations can be found at the website of the Office of Administrative Law: [www.oal.ca.gov](http://www.oal.ca.gov).

Portions of the American College of Occupational and Environmental Medicine's (ACOEM) *Occupational Medicine Practice Guidelines, Second Edition*, are included in the MTUS. The practice guidelines can be purchased from ACOEM: [www.acoem.org](http://www.acoem.org).

Guidelines for acupuncture treatment, chronic pain treatment, and post-surgical treatment are also included in the MTUS.

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## **D2. AMA Guides to the Evaluation of Permanent Impairment**

For patients whose permanent disability must be reported to the workers' compensation insurer on "Form PR 4" (patients injured in 2005 or later and certain patients with older injuries), the primary treating physician rates the patient's impairment using *Guides to the Evaluation of Permanent Impairment, Fifth Edition*, published by the American Medical Association (AMA). These guides can be purchased from the AMA: [www.ama-assn.org](http://www.ama-assn.org).

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### **D3. Official Medical Fee Schedule**

The Official Medical Fee Schedule (OMFS) used in California is a set of reasonable maximum fees adopted and periodically revised by the state Division of Workers' Compensation. The OMFS covers physician services, health care facility fees, and all other treatment, care, services, and goods reasonably required to cure or relieve an injured worker from the effects of his or her injury. The 1999 edition of the OMFS can be purchased from the state: [www.dir.ca.gov/dwc](http://www.dir.ca.gov/dwc) (link to "Medical Provider"). Updates to the OMFS are available online at the same website.



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#### **D4. Sample Questions to Screen for Work-Related Conditions**

Taking a good occupational history can help primary care physicians prevent the onset and progression of illness and potential disability in their patients, as well as help protect others in the same workplace. Quick screening questions can include the following:

1. What type of work do you do?
2. Do you think your health problem might be related to work?
3. Are your symptoms worse during the week or on weekends? At home or at work?
4. Are you exposed to chemicals, dust, metal, radiation, noise, or very repetitive work? Have you been exposed to any of them in the past? Do you use protective gear at work?
5. Are any of your coworkers experiencing similar symptoms?

Excerpted from *Addressing Worker-Related Injuries and Illnesses: A Guide for Primary Care Providers in Massachusetts* (2004), Massachusetts Coalition for Occupational Safety and Health, available online: [www.masscosh.org/node/59](http://www.masscosh.org/node/59).

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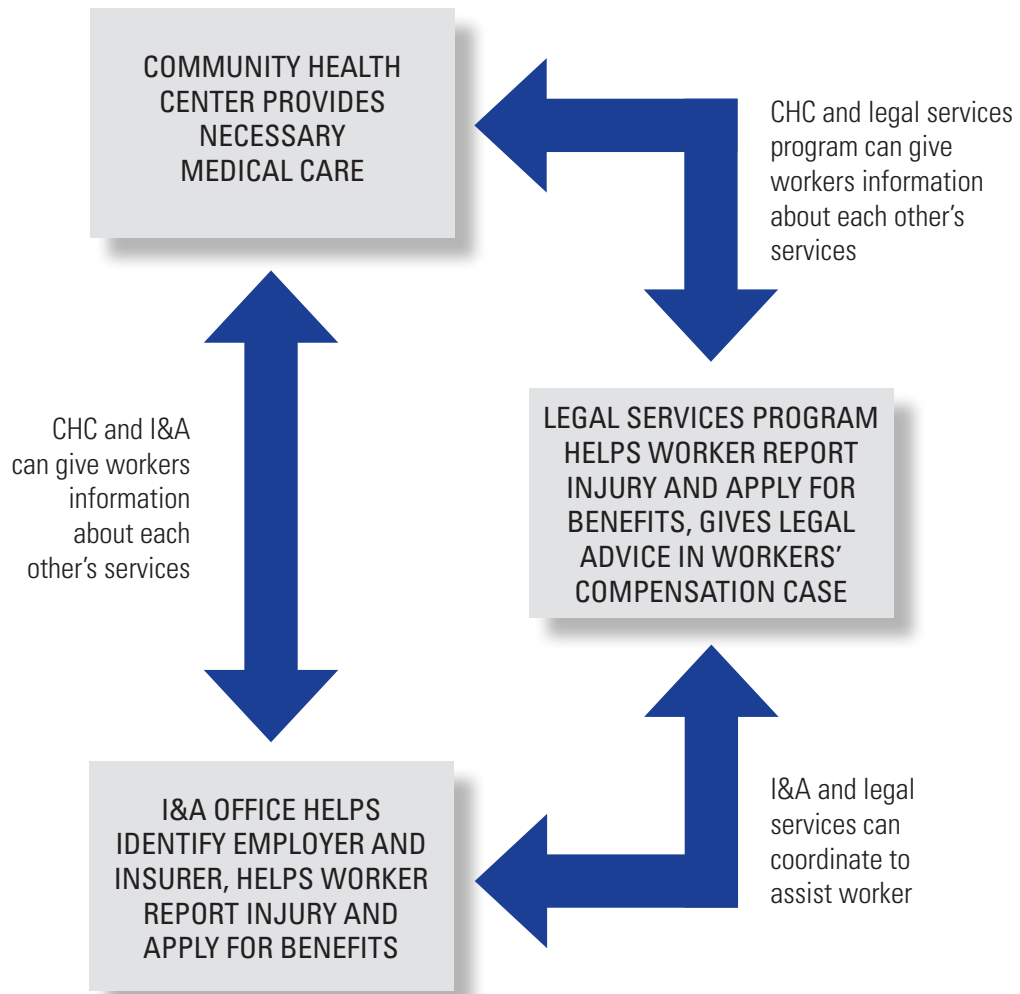
## **E1. Differences in Reimbursement Between Workers' Compensation and Other Sources**

Workers' compensation insurers must pay for all medical care that is reasonably required to cure or relieve an injured worker from the effects of his or her injury. In contrast, Medicare, Medi-Cal, and general health insurance have specific caps and limitations on the services they cover. Medicare, for example, does not pay for most dental services.

On the other hand, the guidelines included in the Medical Treatment Utilization Schedule (MTUS) adopted by the state Division of Workers' Compensation (DWC) are often more restrictive than the "medical necessity" criterion used by health plans and insurers outside workers' compensation.

The Official Medical Fee Schedule (OMFS) adopted by the DWC shows the medical services that workers' compensation insurers will pay for if adequately justified by the treating health care provider. See Appendix D3 for more information about the OMFS.

## E2. Flowchart of Coordination of Services



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### **E3. Liens and Lien-Filing Services**

In the California workers' compensation system, a lien is a legal claim against benefits to be paid in a workers' compensation case. In some cases, a CHC may need to file a lien to ensure payment for treatment provided to a patient. The rules on liens are complicated, and there are companies that offer lien-filing services.

Health care providers can contract with lien-filing services for the following:

- ◆ Training of administrative staff
- ◆ Negotiating payment of invoices on a case-by-case basis
- ◆ Filing liens with the state Workers' Compensation Appeals Board (WCAB)
- ◆ Participating in WCAB hearings to resolve liens

Most applicants' attorneys know reputable lien-filing services. Some applicants' attorneys also handle liens directly for health care providers. See Appendix C3 for more information about applicants' attorneys.

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#### **E4. Educational and Instructional Materials for Injured Workers**

Workers with job injuries can access the educational booklet, *Workers' Compensation in California: A Guidebook for Injured Workers, Third Edition* (November 2006). The guidebook and its updates are meant to help injured workers understand their basic legal rights, the steps to take to request workers' compensation benefits, and where to seek further information and help if necessary. Also included are references to important laws and regulations and a glossary.

English version of guidebook:

[www.dir.ca.gov/CHSWC/Reports/WorkersCompGuidebook-3rdEd.pdf](http://www.dir.ca.gov/CHSWC/Reports/WorkersCompGuidebook-3rdEd.pdf)

Spanish version of guidebook:

[www.dir.ca.gov/CHSWC/Reports\\_GuidebookSpanishforInjuredWorkers2006.pdf](http://www.dir.ca.gov/CHSWC/Reports_GuidebookSpanishforInjuredWorkers2006.pdf)

Update on temporary disability benefits:

[www.dir.ca.gov/chswc/Reports/WorkersCompUpdate-2008.pdf](http://www.dir.ca.gov/chswc/Reports/WorkersCompUpdate-2008.pdf)

Injured workers whose employers are illegally uninsured can access the instructional booklet, *If Your Employer Is Illegally Uninsured: How to Apply for Workers' Compensation Benefits* (June 2011). The booklet discusses 10 basic steps a worker can take to apply for benefits, including necessary medical care for the worker's job injury.

English version of the booklet:

[www.dir.ca.gov/chswc/Reports/2011/UninsuredEmployers.pdf](http://www.dir.ca.gov/chswc/Reports/2011/UninsuredEmployers.pdf)

Spanish version of the booklet:

[www.dir.ca.gov/chswc/Reports/2011/UninsuredEmployers\\_Spanish.pdf](http://www.dir.ca.gov/chswc/Reports/2011/UninsuredEmployers_Spanish.pdf)







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