# CSJVRMA EXECUTIVE SUMMARY WORKERS' COMPENSATION CLAIMS PROCEDURES MANUAL SEPTEMBER 1, 2017

Workers' compensation coverage provides for medical and indemnity benefits for work related injuries and illnesses. Workers' compensation coverage does not apply to illnesses or diseases that are not work related. If you are unable to determine whether an injury is work related, report the injury to AIMS, the firm that the CSJVRMA contracts with for workers' compensation claims adjusting services, and they will make that determination.

Immediately report <u>all</u> work related injuries or illnesses sustained by employees. This information should be faxed or mailed to:

AIMS P.O. Box 28100 Fresno, CA 93729 Phone (800) 559-9891 Fax (209) 227-1579

# **Contacts**

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The following procedures must be followed when a work-related injury or illness occurs or is alleged:

- 1. Effective September 1, 2009, members of the CSJVRMA workers' compensation program will participate in Structured Return-to-Work Services. Working in tandem with AIMS, Return-to-Work Coordinators (RTWC) have been assigned to coordinate this service and will periodically be in contact with members, treating physicians, and other health care providers.
- 2. After notifying their respective supervisor of their injury and prior to seeking medical treatment, injured employees are to call into the telephonic Nurse Triage Call Center for treatment evaluation by a Registered Nurse (RN). Injured employees requiring **emergency** medical care are to call in after treatment has occurred or their supervisor may call on their behalf. After speaking with the RN, the employee will either be referred for medical care or provided home health care instructions and not referred for medical care. Regardless of the RN's recommendation, the employee retains the right whether or not to seek medical care. As appropriate, AIMS' Medical Director may also provide oversight.
- 3, After an injured employee or supervisor has placed a call into the Nurse Triage Center, an immediate notification will be emailed to the member, the RTWC, and to AIMS if the employee was referred for medical treatment. This may be the first notification to the

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employer or AIMS that an injury has occurred and provides a window of opportunity to provide early claim intervention.

- 4. Regardless if the employee seeks medical treatment, the employer shall give the employee a DWC Form 1, Employee Claim Form (see page 5 for an example), within 1 working day. If the employee is unavailable to receive the Form to them within 1 working day, mail a Form to the employee via certified mail within 1 working day. Whenever a Form is given to or mailed to an employee, the city should document when the Form was given to or mailed to the injured employee for future reference if necessary.
- 5. If the employee seeks medical care, prepare the Form 5020, Employer's Report of Injury (see page 6 for an example), within 5 days, and send it via mail or fax it to AIMS. If the Form 5020 is faxed, the original should be mailed to AIMS immediately. Retain one copy for your files.

As a reminder, the date the form was completed should be listed in the bottom right hand box. If the State of California Audit Unit audits this claim, a \$100 penalty could be assessed for failure of the employer to fully complete the Form 5020, Employer's Report of Injury, by not dating the form.

- 6. DO NOT WAIT FOR THE REPORT FROM THE DOCTOR before completing Employer's Report of Injury. The details of the accident should be given in a simple statement of fact. In reply to Question 35 of the Form, the supervisor should state the nature of the employee's injury as it was observed. The claims examiner will rely upon the physician for a medical description and diagnosis.
- 7. In the case of a fatal accident or serious injury, immediately notify the claims examiner at AIMS by telephone.
- 8. The following documents should be forwarded to AIMS upon receipt:
  - Medical Reports
  - Notice of Hearing,
  - Application of Adjudication of Claim before the Workers' Compensation Appeals Board,
  - Letters from attorneys or representatives of injured employees or from any State or Federal agencies,
  - Letters and summaries of telephone calls or complaints made by employees or others
  - Subpoenas in work-related injury cases, and/or
  - Any notice or citations received from Cal/OSHA.
- 9. Send any reports you may receive from an injured employee's private physician to AIMS.
- 10. Refer requests for information concerning employees' claims to AIMS.

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### MEDICAL TREATMENT

All employees should be required to report injuries, even though minor, to their immediate supervisor and called in to the Nurse Triage Center. Many minor scratches, small lacerations, puncture wounds, and contusions can be given adequate first aid treatment by city personnel. Should the injury require one-time treatment by a physician and any follow-up visit to the physician for the purpose of observation, the city can handle such situations as a first aid claim per Title 8, Regulation 14311(c) of the Labor Code. A "First aid" is legally defined as any one-time treatment, and any follow-up visit for the purpose of observation of minor scratches, cuts, burns, splinters, and so forth, which do not ordinarily require medical care. Such one-time treatment, and follow-up visit for the purpose of observation, is considered first aid even though provided by a physician or registered professional personnel. By handling the claim, the city can pay the costs for the physician visit out of their own petty cash or general fund. However, if this is how the injury is being handled, the information and forms should not be sent to AIMS. If AIMS receives the Employer's Report of Injury, they are required by law to set up a claim. Please remember, however, that the city always has the option of sending any claim for injury to AIMS for handling rather than the city handling the first aid situation on their own. If the city would like AIMS to handle the claim, the required forms The CSJVRMA's Executive Committee should be sent to AIMS as soon as possible. recommends that all claims, regardless of whether they can be handled by the city, be sent to AIMS for professional handling.

Employees requiring the attention of a physician beyond the scope of first aid should be sent for medical treatment to the facility selected by your city as the city's treating physician. This facility should be specifically selected for the treatment of your employees' work related injuries, and the physician should be familiar with the workers' compensation laws in the State of California regarding reporting and billing. The employee should never receive a bill for treatment of a work related injury.

If your city is having trouble selecting a physician or medical facility, please contact AIMS for assistance.

An employee who has given written notice to the city prior to an injury of their desire to be treated by a personal physician (one which has previously treated the employee and is the custodian of their medical records), may immediately consult with that personal physician. However, in an emergency situation, proper medical aid should be rendered immediately.

# **SERIOUS INJURIES**

"A serious injury or illness" means any injury or illness which requires in-patient hospitalization for more than 24 hours (other than for medical observation), or where there is an amputation or permanent disfiguration of the employee.

Seriously injured employees should be kept warm, moved as little as possible, and made

comfortable. If necessary, paramedics should be called by dialing 911; otherwise, the employee should be taken to the nearest available emergency medical facility. **Telephone AIMS and Cal/OSHA immediately!** 

Cal/OSHA requires that in the event of a serious injury or illness, the employer, or authorized representative, report **immediately** by telephone to the nearest District Office of the Division of Occupational Safety and Health, any work related death or work related serious injury or illness of an employee.

"Immediately" means as soon as practically possible, but no longer than **8 hours** after the employer knows or with diligent questioning would have known of the death or serious injury or illness occurring in a place of employment or in connection with any employment.

## MEDICAL CONTROL

In accordance with Section 4600 of the Labor Code, the responsibility to provide all medical treatment necessary to cure or relieve an employee from the effects of an injury shall rest with the employer. After 30 days from the date the injury is reported, the employee may be treated by a physician of their own choice within a reasonable geographic area.

Thus, if one of your employees complains to you about the medical treatment being received or asks for a change of physician, please advise the employee that you will convey this information to AIMS immediately. Then, telephone AIMS who will contact the employee and make suitable arrangements.

Please note that the medical treatment provisions of the Labor Code also state that if any employee had notified his or her employer in writing prior to the date of injury that they would like to be treated by a personal physician (one which has previously treated the employee and is the custodian of the employee's medical records) for work related injuries, the employee has the right to be treated by such physician from the date of injury.

# **RETURN TO WORK**

If the injured employee is provided work restrictions by the treating physician, it is generally in the best interest of the city to accommodate the restrictions. If the city is unable to accommodate work restrictions, the RTWC will work with city personnel to provide assistance. This may be in the form of creating a transitional work assignment (light duty work), working with the treating physician to help determine work that can be performed, periodic monitoring of light duty assignments, and work status reports as provided by the treating physician. In those cases where modified duty options have been explored by the city and the RTWC and suitable work cannot be provided, the employee will remain off work until the city can accommodate modified duty or when work restrictions are lessened or lifted. The RTWC will closely monitor this progress and report back any changes to the city and to AIMS.

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## HOW TO HANDLE UNUSUAL CASES

From time to time, employees will claim injuries illnesses or disabilities and give obscure or vague history of such injury, illness, or disability. In other cases, your experience will indicate that the employee's complaints are not work related, and there may be instances in which you have reason to believe the employee's claim is not bona fide.

In all such cases, personnel who are reporting work related injuries or illnesses should take a careful chronological history from the employee, then immediately telephone AIMS. They will arrange for investigations, medical opinions, and/or medical treatment as indicated and necessary.

You need not and should not be drawn into arguments with employees over questionable claims situations. If questions arise that you cannot answer, advise your employee that the matter will be referred for immediate attention. Such inquiries can either be directed to AIMS at (800) 559-9891 or to the CSJVRMA office at (800) 541-4591, ext. 1114.

### WHAT YOU CAN EXPECT TO RECEIVE FROM AIMS

Each city can expect to receive copies of various documents from AIMS for each claim filed. They are as follows:

- Benefit notices.
- Denial notices,
- Delay of claim notices, and
- Acceptance letters.

Copies of the above listed items are sent to the city on the same day they are mailed to the injured employee. If the city has any open claims, the city can expect to also receive a loss run on a quarterly basis that lists the claims and financial information.

If an award is approved by the Workers' Compensation Appeals Board, the city can expect to receive a copy. This document may be sent to the city by the State or by the defense attorney handling the claim.

### **COMMENTS**

It shall be the policy of the CSJVRMA to settle all legitimate claims in an efficient and timely manner and investigate all questionable claims and vigorously reject those it deems to be inappropriate.