

Trindel Insurance Fund

Facts about Workers' Compensation Injury Management Program

What is workers' compensation?

Workers' compensation is a benefit provided to you if you are injured on the job or if you become ill due to your job.

It's our job to manage work injury claims from the minute an injury occurs until bringing you back to full-time productive duty, and ensure that you get the quick and appropriate medical treatment you need to get you healed and back to your normal activities.

What is Trindel Insurance Fund?

We are the Joint Power Authority (JPA) that administers your employer's workers' compensation insurance. We have more than 30 years of experience as a JPA. Our members include Alpine, Colusa, Del Norte, Lassen, Modoc, Mono, Plumas, San Benito, Sierra, and Trinity Counties.

What is a workers' compensation injury or illness?

It is an injury or illness that arises because of your employment or in the course of your employment. In California, workers' compensation is a "no fault" benefit. There are various injuries, and illnesses that are covered by workers' compensation. You could get hurt by a specific incident, such as hurting your knee in a fall. You could also sustain a repetitive motion injury from doing the same motion over and over.

What is a first-aid injury?

A "First Aid" injury is one where the medical treatment provided to the injured employee does not include x-rays, prescription medications, or sutures. Treatment can be administered by a physician, and can include one follow-up visit. Any treatment beyond this is not "First Aid", and a formal injury claim would need to be filed.

Does this coverage affect my own health insurance coverage?

No. Your personal healthcare insurance is completely separate. Workers' compensation insurance only covers work-related injuries and illnesses and pays all pre-approved medical treatment to cure or relieve the effects of the industrial injury or illness.

What do I do if I have an industrial injury, or think I have had an injury or illness caused by my work?

It is important that you report your injury to your supervisor as soon as possible after it occurs. If your injury is a simple first-aid injury, you still must report it to your employer. An incident report will be completed to document your injury in the event that medical treatment beyond first-aid is required at a later date. If you require more extensive treatment your employer will provide you with an Employee Claim Form (form DWC-1). Your employer will complete questions 9, 10, 11, 12, 14, 15, 16, and 17 before giving you the form. You are to complete the "Employee" section at the top of the form and return it to your employer as soon as possible. Upon receipt of the completed form, your employer will then complete question #13, and report your claim to Trindel Insurance Fund.

What are my benefits and rights?

Medical Treatment

Within 24 hours after an employee files a completed Employee Claim Form, the law requires the employer to authorize appropriate medical treatment until the claim is accepted or rejected, up to a maximum limit of \$10,000. All medical treatment is provided in accordance with the Medical Treatment Utilization Schedule (MTUS).

Trindel Insurance will pay all medical treatment that is reasonable and necessary, and is supported by the MTUS for accepted claims. The types of treatment included may be hospital services, doctor visits, physical therapy, chiropractic treatment, x-rays, lab tests, medication, and reasonable transportation expenses related to the injury.

What is Utilization Review (UR)?

When your primary treating physician requests medical treatment for your injury, that request must be reviewed by a licensed medical physician to make sure it is the appropriate treatment for your injury, and the stage of the injury. Appropriate medical treatment is outlined in the Medical Treatment Utilization Schedule (MTUS). This is a schedule adopted by the Department of Workers' Compensation Administrative Director that all insurance carriers must use when authorizing, modifying or denying medical treatment requested for an industrial injury.

How long should it take for a decision to be made when medical treatment is requested by my doctor?

The Utilization Review department has five working days to make a decision about a medical treatment request. If additional information is needed from your physician to make the decision, then UR has up to 14 days to make the decision. You will be notified by mail of any modified or denied treatment request, along with the reason for the modification or denial.

Temporary Disability Benefits

Temporary disability is a benefit paid to you if you lose time from work because of your work injury. There is a three-day waiting period, however, this is waived if you are off work for fourteen calendar days or are hospitalized. Temporary disability is a weekly benefit that is paid every two weeks. The weekly benefit rate is based on your average weekly wages. There are minimum and maximum payment limits set by state law. You must be medically disabled by your primary treating physician in order to receive temporary disability benefits. This benefit stops when you return to work, your doctor releases you for work, or determines you have reached maximum medical improvement. There is also a limit on the number of weeks that you can collect temporary disability benefits. For dates of injury on or after January 1, 2008, there is a maximum number of 104 weeks within a five year period from the date of injury that benefits are paid. There are certain types of injuries which are allowed a maximum of 240 weeks of temporary disability within a five-year period. These conditions are acute and chronic hepatitis B and C, severe burns, amputations, HIV, high velocity eye injuries, chemical burns to the eyes, pulmonary fibrosis and chronic lung disease.

Permanent Disability Benefits

The words, "Permanent Disability" do not mean you are permanently disabled. They mean you may have some permanent limitations in your ability to work caused by your work injury. There may be some compensation for these limitations. The amount depends on how much of the permanent disability is directly caused by your work injury. Other factors are also taken into consideration, such as your age and occupation. Permanent disability benefits are a fixed amount and are paid in two-week intervals until the fixed amount is paid in full. This is not a life-long benefit, and the maximum weekly benefit amount is \$270.

Death Benefits

Benefits are paid to the spouse, children or other dependents if a work injury or illness causes the death of the employee. The benefit amount is based on the total number of dependents the employee has. The weekly benefit is paid every two weeks at a rate of at least \$224 per week. In addition, the death benefit provides for a burial allowance for up to \$5,000.

Supplemental Job Displacement Benefits

This benefit is to help you with retraining or enhancing your job skills if you do not recover completely and don't return to work for your employer. It is paid in the form of a voucher at the time your claim is finalized. Voucher amounts range from \$4,000 to \$10,000, depending on your level of permanent impairment. This voucher is for you to use at a state approved school if:

- You have a permanent disability
- Your employer does not offer you modified or alternate work, and
- You don't return to work with your employer within 60 days after your temporary disability benefits end.

What is a Primary Treating Physician (PTP)?

A primary treating physician is the doctor with the overall responsibility for treating your injury or illness. He or she may be the doctor you name in writing *before* you get hurt on the job; a doctor from a medical provider network (MPN); the doctor chosen by your employer during the first 30 days of injury if your employer does not have an MPN, or the doctor you choose after the first 30 days if your employer does not have an MPN.

Employer Designated Physician:

Your employer currently does not have a Medical Provider Network, however, they do have a designated physician/facility that you are to go to should you sustain a work related injury. You must treat with this physician/facility for the first 30 days of your injury. After 30 days you may change treating physicians by putting in a request with your claims examiner. The only exception that allows you to be seen by a physician of your choice from the beginning of your injury is if you have pre-designated a physician prior to the injury, and it must be on file with your employer.

What is Pre-designation?

Pre-designation is when you name your regular doctor to treat you if you get hurt on the job. The doctor must be a medical doctor (M.D.), doctor of osteopathic medical (D.O.) or a medical group with an M.D. or D.O. You must name your doctor in writing before you get hurt or become ill.

You may pre-designate a doctor if your employer offers group health coverage and the doctor must have: Treated you; maintained your medical history and records before your injury and, agreed to treat you for a work-related injury or illness before you get hurt or become ill.

Early Return-to-Work Program

Every day that you are off work means you are losing much needed income. Temporary disability benefits are two-thirds of your average weekly wage. It doesn't take long to get behind on your mortgage payments and other bills. Statistics show that employee's that return to work as soon as they are medically able recover quicker from their injury. Your employer is committed to helping you stay working and return to work if you sustain an industrial injury that leaves you unable to do your usual and customary job duties. You can help with this process by actively communicating with your treating doctor, employer and claims examiner about the kinds of work you can do while recovering. Efforts will be made to return you to modified duty work or alternate work that is medically appropriate. Depending on the nature of your injury or illness, modified or alternate work may be temporary or may be extended.

Who do I contact if I have questions?

You can contact either your employer or claims examiner if you have any questions about filing a claim or the injury management process. You may also contact the State Division of Workers' Compensation Information and Assistance Officer. They are available at no charge to answer your questions about workers' compensation. To find the Information and Assistance officer nearest you, call (800) 736-7401, or go to the Dept. of Workers' Compensation web site at www.dwc.ca.gov

For additional information, you may also contact the designated Claims Examiner for your County at (530) 623-2322.:

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WORKERS' COMPENSATION FRAUD IS A FELONY
Anyone who makes or causes to be made any knowingly false or fraudulent material statement for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony and may be fined or imprisoned.