

## **GLOSSARY OF WORKERS' COMPENSATION TERMS**

**Accepted Claim:** A claim in which the insurance company agrees your injury or illness is covered by workers' compensation. Even if your claim is accepted there may be delays or other problems. Also called admitted claim.

**Agreed Medical Evaluator (AME):** If you have an attorney, an AME is the doctor your attorney and the insurance company agree on to conduct the medical examination that will help resolve your dispute. If you don't have an attorney, you will use a qualified medical evaluator (QME). See QME.

**Alternative Work:** A new job with your former employer. If your doctor says you will not be able to return to your job at the time of injury, your employer is encouraged to offer you alternative work instead of supplemental job displacement benefits or vocational rehabilitation benefits. The alternative work must meet your work restrictions, last at least 12 months, pay at least 85 percent of the wages and benefits you were paid at the time you were injured, and be within a reasonable commuting distance of where you lived at the time of injury.

**AOE/COE (Arising out of and occurring in the course of employment):** Your injury must be caused by and happen on the job.

**Benefit Notice:** A required letter or form sent to you by the insurance company to inform you of benefits you may be entitled to receive.

**Claim form (DWC-1):** The form used to report a work injury or illness to your employer.

**Claims administrator:** The term for insurance companies and others that handle your workers' compensation claim. Most claims administrators work for insurance companies or third party administrators handling claims for employers. Some claims administrators work directly for large employers that handle their own claims. Also called claims examiner or claims adjuster.

**Compromise and Release (C&R):** A type of settlement in which you receive a lump sum payment and become responsible for paying for your future medical care. A settlement like this must be approved by a workers' compensation judge.

**Cumulative Injury (CT):** An injury that was caused by repeated events or repeated exposures at work. For example, hurting your wrist doing the same motion over and over or losing your hearing because of constant loud noise.

**Death Benefits:** Benefits paid to surviving dependents when a work injury or illness results in death.

**Delay Letter:** A letter sent to you by the insurance company that explains why payments are delayed. The letter also tells you what information is needed before payments will be sent and when a decision will be made about the payments.

**Description of Employee's Job Duties (DWC form # AD 10133.33):** A form to be filled out by the employer and employee to describe the employee's job duties. The form will be reviewed by a physician to determine if the employee is able to return to work.

**Disability Management:** A process to prevent disability from occurring or to intervene early, following the start of a disability, to encourage and support continued employment. This is done early in the recovery process in severe injury cases such as spinal injuries. Usually a rehabilitation nurse is involved with you and your treating doctor and the progress of your medical treatment is reported to the insurance company.

**Division of Workers' Compensation (DWC):** A division within the state Department of Industrial Relations (DIR). The DWC administers workers' compensation laws, resolves disputes over workers' compensation benefits and provides information and assistance to injured workers and others about the workers' compensation system.

**Essential Functions:** Duties considered crucial to the job you want or have. When being considered for alternative work, you must have both the physical and mental qualifications to fulfill the job's essential functions.

**Family and Medical Leave Act (FMLA):** A federal law that provides certain employees with serious health problems or who need to care for a child or other family member with up to 12 weeks of unpaid, job-protected leave per year. It also requires that group health benefits be maintained during the leave. For more information, contact the U.S. Department of Labor at 1-866-4-USA-DOL.

**Findings & Award (F&A):** A written decision by a workers' compensation administrative law judge about your case, including payments and future care that must be provided to you. The F&A becomes a final order unless appealed.

**Future Medical:** On-going right to medical treatment for a work-related injury.

**Impairment Rating:** A percentage estimate of how much normal use of your injured body parts you've lost. Impairment ratings are determined based on guidelines published by the American Medical Association (AMA). An impairment rating is used to calculate your permanent disability rating but is different from your permanent disability rating.

**Independent Medical Review (IMR):** An informal process to resolve medical treatment issues through an independent third party contracted by DWC. Only an

injured worker can request IMR if their medical treatment request has been denied, modified or delayed.

**Information & Assistance (I&A) officer:** A DWC employee who answers questions, assists injured workers, provides written materials, conducts informational workshops and holds meetings to informally resolve problems with claims.

**Injury and illness prevention program (IIPP):** A health and safety program employers are required to develop and implement. This program is enforced by Cal/OSHA.

**Lien:** A right or claim for payment against a workers' compensation case. A lien claimant, such as a medical provider, can file a form with the local Workers' Compensation Appeals Board to request payment of money owed in a workers' compensation case.

**Maximal Medical Improvement (MMI):** Your condition is well stabilized and unlikely to change substantially in the next year, with or without medical treatment. Once you reach MMI, a doctor can assess how much, if any, permanent disability resulted from your work injury.

**Medical-Legal Report:** A report written by a doctor that describes your medical condition. These reports are written to help clarify disputed medical issues.

**Medical Mileage:** You are entitled to mileage reimbursement (including parking and tolls) for medical appointments, therapies, pharmacy visits and other medical related travel.

**Medical Provider Network (MPN):** An entity or group of health care providers set up by an insurer or self-insured employer and approved by DWC's administrative director to treat workers injured on the job.

**Modified Work:** Your old job, with some changes that allow you do to it. If your doctor says you will not be able to return to your job at the time of injury, your employer is encouraged to offer you modified work instead of supplemental job displacement.

**Objective Factors:** Measurements, direct observations and test results a treating physician, QME or an AME says contribute to your permanent disability.

**Offer of Modified or Alternative Work (DWC-AD10133.53):** A form you get from the insurance company if: you were injured between Jan. 1 2004 and Dec. 31, 2012 and; your treating physician reports you have a permanent disability and; your employer is offering modified or alternative work instead of a supplemental job displacement benefit. This form also explains how your permanent disability payments may be lowered by 15 percent because your employer is returning you to work.

**Offer of Regular, Modified or Alternative work (DWC-AD 10133.35):** A form you get from the insurance company if: you were injured on or after Jan. 1, 2013 and; your treating physician reports you have a permanent disability and; your employer is offering regular, modified or alternative work instead of a supplemental job displacement benefit.

**Panel Qualified Medical Evaluator (QME):** A list of three independent qualified medical evaluators (QMEs) issued by the DWC Medical Unit. You select any one of the three doctors for your evaluation. If you have an attorney, other rules apply.

**Permanent and Stationary (P&S):** Your medical condition has reached maximum medical improvement. Once you are P&S, a doctor can assess how much, if any, permanent disability resulted from your work injury. If your disability is rated under the 2005 schedule you will see the term maximal medical improvement (MMI) used in place of P&S. See also P&S report.

**Permanent Disability (PD):** Any lasting disability that results in a reduced earning capacity after maximum medical improvement is reached.

**Permanent Disability Rating (PDR):** A percentage that estimates how much a job injury permanently limits the kinds of work you can do. It is based on your medical condition, date of injury, age when injured, occupation when injured, how much of the disability is caused by your job, and your diminished future earning capacity. It determines the number of weeks you are entitled to permanent disability benefits.

**Permanent Total Disability (PTD) benefits:** Payments you receive when you are considered permanently unable to earn a living.

**Physician's Report of Permanent and Stationary Status and Work Capacity (DWC form #AD 10133.36):** A form to be filled out by the physician to fully inform the employer of the work capacities and activity restrictions resulting from the injury that are relevant to potential regular work, modified work or alternative work.

**Pre-Designation:** The process you use to tell your employer you want your personal physician to treat you for a work injury. You can pre-designate your personal doctor of medicine (M.D.) or doctor of osteopathy (D.O.) if: you have health coverage; the doctor has treated you in the past and has your medical records; prior to the injury your doctor agreed to treat you for work injuries or illnesses and; prior to the injury you provided your employer the following in writing:

- (1) Notice that you want your personal doctor to treat you for a work-related injury or illness and
- (2) Your personal doctor's name and business address.

**Primary Treating Physician (PTP):** The doctor having overall responsibility for treatment of your work injury or illness. This physician writes medical reports that may

affect your benefits. Also called treating physician or treating doctor.

**P&S Report:** A medical report written by a treating physician that describes your medical condition when it has stabilized. See also permanent and stationary.

**Qualified Medical Evaluator (QME):** An independent physician certified by the DWC Medical Unit to perform medical evaluations.

**Request for authorization (RFA):** A form that the treating doctor uses to notify the claims administrator of needed medical services.

**Return to Work Program:** If your injury results in a permanent disability (PD) and the state determines that your PD benefit is disproportionately low compared to your earning loss, you may qualify for additional money from the Department of Industrial Relations' special earnings loss supplement program that is also known as the Return to Work program.

**State Average Weekly Wage:** The average weekly wage paid in the previous year to employees in California covered by unemployment insurance, as reported by the U.S. Department of Labor. Effective 2006, temporary disability benefit increases are tied to this index.

**Stipulations with Request for Award (Stips):** A settlement in which the parties agree on the terms of an award. It may include future medical treatment. Payment takes place over time. This document is provided to the judge for final review.

**Subjective Factors:** The amount of pain and other symptoms described by an injured worker that a doctor reports as contributing to a worker's permanent disability. Subjective factors are given very little weight under the 2005 rating schedule as the schedule relies mainly on objective measurements.

**Supplemental Job Displacement Benefit (SJDB):** A workers' compensation benefit. If you were injured in 2004 or later, and have a permanent partial disability that prevents you from doing your old job, and your employer does not offer other work, you qualify for this benefit. For injuries that occurred between Jan. 1, 2004 and Dec. 31, 2012, the benefit 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. For injuries that occur on or after Jan. 1, 2013, the voucher can be used for training at a California public school or any other provider listed on the state's eligible training provider list. It can also be used to pay licensing or certification and testing fees, to purchase tools required by a training course, to purchase computer equipment of up to \$1,000 and to reimburse up to \$500 in miscellaneous expenses. Up to 10% or \$600 may be used to pay for the services of a licensed placement agency or vocational counselor.

**Temporary Disability (TD or TTD):** Payments you get if you lose wages because

your injury prevents you from doing your usual job while recovering.

**Temporary Partial Disability (TPD) benefits:** Payments you get if you can do some work while recovering, but you earn less than before the injury.

**Utilization Review (UR):** The process used by insurance companies to decide whether to authorize and pay for treatment recommended by your treating physician or another doctor.

**Whole Person Impairment (WPI):** For injuries on or after Jan. 1, 2013 all cases with permanent residuals will be increased by a WPI factor of 1.4.

**Workers' Compensation Appeals Board (WCAB):** Consists of 24 local offices throughout the state where disagreements over workers' compensation benefits are initially heard by workers' compensation judges. The WCAB Reconsideration Unit in San Francisco is a seven-member, judicial body appointed by the governor and confirmed by the Senate that hears appeals of decisions issued by local workers' compensation judges.