

Section 8

Case Study

The Beginning of the Story – Liability Determination

Pat Williams is a 56 year old church secretary. On September 4, 2013 Pat had a low back injury at work and immediately notified the supervisor. Pat lost two hours on the date of injury to go to the emergency room. The doctor prescribed painkillers and authorized time off from work through September 6th. Pat returned to work on September 9th. On September 10th, Pat felt that the pain was getting worse instead of better and sought additional medical treatment from Dr. Crunch, D.C. half way through the work day. Pat was taken off work for one week as of that date and notified the employer of this on the same day. Pat normally works Monday through Friday, eight hours per day at \$15.00 per hour, with an average weekly wage on the date of injury of \$600.00.

You have been assigned this claim.

1. What are the dates of the waiting period?
2. By what date is the FROI required to be filed with the department?
3. On what date is either payment or denial due?
4. As of September 10th, when Pat starts losing time again, would the waiting period be payable? If so, why? If not, when would it become payable.
5. You have determined that the injury and lost time are compensable. Fill out the NOPLD (leave the payment information, except for the date of payment, blank for now).

The Beginning of the Story – Medical Communication

Remember Pat Williams, the 56 year old church secretary? You have already made your initial determination regarding primary liability and need to obtain written medical information to substantiate the disability. You find out during the course of your investigation that Pat has treated with Dr. Crunch prior to the work injury.

Answer the following questions:

1. Can Pat Williams choose to treat with Dr. Crunch? Why or why not?
2. What form should Dr. Crunch be providing to his patient?
3. How do you request prior medical records and what are the requirements under the workers compensation statutes or rules?
4. Dr. Crunch sends an itemized, coded bill for services along with copies of his office notes to your office. How many days do you have to pay or deny the bill?

The Middle of the Story – Indemnity Benefits

Remember Pat Williams? Pat had a low back injury at work on September 4, 2013 and lost two hours on the date of injury to go to the emergency room. Pat initially returned to work on September 9th, but on September 10th Pat returned to the doctor half way through the work day and has been off work as of that date. Pat normally works Monday through Friday, eight hours per day at \$15.00 per hour, with an average weekly wage of \$600.00 on the date of injury.

The doctor has released Pat to return to work light duty four hours per day on September 23, 2013. The employer can accommodate the light duty work and Pat goes back to work on September 23rd, at light duty four hours per day.

1. What is the TTD rate? Fill in the payment information you left blank on the NOPLD you started in “The Beginning of the Story – Liability Determination”.
2. What benefits are owed through the return to work on September 23, 2013?
3. Fill out the NOID.

The return to work is again unsuccessful as symptoms continue to worsen. Pat returns to Dr. Crunch and is taken off work again as of September 27, 2013.

4. Fill out the NOBR.

The Middle of the Story – Medical Benefits

As you recall, Pat Williams has back pain related to the work injury. Pat has been receiving passive chiropractic care from Dr. Crunch since September 10th.

1. Dr. Crunch must evaluate whether Pat is making progressive improvement with the treatment plan. What are the criteria for progressive improvement?
2. Pat has had eight weeks of passive chiropractic care. If Pat continues to demonstrate progressive improvement, how many more weeks of passive care is allowed under the rules without prior notification?
3. If Pat is having pain and is unable to work after eight weeks of treatment, what treatment should be considered?
4. If Dr. Crunch requests a departure from the treatment parameters, how many days do you have to respond to this request? What happens if you fail to respond?

The Middle of the Story – Rehabilitation Benefits

Remember Pat Williams? Pat has tried to return to work but is unsuccessful. Dr. Crunch has authorized disability again as of September 27, 2013.

1. When is the DSR due to be filed?
2. What information is required to be provided when requesting a waiver of rehabilitation services?
3. When are you required to provide Pat with a rehabilitation consultation?
4. It is now November 26, 2013. Pat is still off work and it doesn't appear that Pat will be able return to work in the near future. Should you file a DSR? If so, complete the DSR.

The End of the Story?

After additional conservative treatment, Pat Williams has back surgery on December 30, 2013 for a herniated disc (you know that the minimum PPD rating for this is 11%). After recovering from the surgery, Pat is released to return to light duty work and returns to work four hours a day on February 10, 2014.

1. What forms need to be filed? Fill them out.
2. Pat continues to work four hours a day until August 4, 2014 when Pat starts working six hours a day. Between February 24th and August 4th have you filed any additional forms with the department? If yes, fill them out.
3. Do you need to file a form to reduce the TPD being paid?
4. On August 5, 2014, you receive a HCPR form from the treating doctor stating that MMI was reached on July 8, 2014 and giving a final PPD rating of 11%. What should you do with this medical report? Why?
5. Since MMI has been reached, what affect does that have on future medical treatment?
6. It is now July 28, 2015 and Pat Williams is still working six hours per day and still receiving TPD benefits. Do you need to file any forms with the department? If so, fill them out.
7. On August 17, 2015, Pat Williams is able to return to work full time without a wage loss. What form needs to be filed? Fill it out.