

# New Employee's Guide to Workers' Compensation

# County of Los Angeles Facts About Workers' Compensation

# What is workers' compensation?

If you get hurt on the job, your employer is required to pay for the medical care and help replace the lost wages resulting from your work-related injury or illness. The State of California (State) workers' compensation laws provide a no-fault system and workers' compensation benefits are provided at no cost to you.



# What kinds of injuries and illnesses are covered by workers' compensation?

Almost any injury or illness that occurs due to employment is covered under workers' compensation. You could get hurt by a single event (slipping and falling, being splashed by a chemical, lifting a heavy box, etc.) or by repeated exposures at work (hurting your wrists doing the same motion over and over, losing your hearing because of constant loud noises, etc.). Injuries resulting from a violent workplace crime are covered. There are a few injuries that may not be covered depending on how they occur. For instance, injuries that result from voluntary, off-duty recreational, social, or athletic activities may not be covered.

# How do I report a work-related accident or injury?

Immediately notify your supervisor of any work-related injury or illness. Except for minor events that require no medical treatment or evaluation, your employer will provide you with a Workers' Compensation Claim Form (DWC-1) & Notice of Potential Eligibility. You will be requested to complete the DWC-1 by describing your injury/ illness, as well as how, when, and where it occurred. You will be provided with a completed copy of the DWC-1. If you delay reporting your injury or delay completing the DWC-1, your entitlement to workers' compensation benefits may be delayed or even jeopardized. If your employer does not learn about your injury within 30 days, you could lose your right to receive workers' compensation benefits.

The County of Los Angeles workers' compensation program is self-insured. The following third party administrator (TPA) handles your department's workers' compensation claims:



# Workers' Compensation Third Party Administrator

- York Risk Services Group (Unit A)
   P.O. Box 7052
   Pasadena CA 91109
   (800) 782-5888
- York Risk Services (Unit B) P.O. Box 11028 Orange CA 92856 (877) 324-0710

- Sedgwick Claims Management (Unit C)
   P. O. Box 51465, Ontario, CA 91761 (844)-512-5124
- Sedgwick Claims Management (Unit D) P.O. 51350 Ontario CA 91761 (855) 238-4936

## If you need emergency care, call for help immediately (Call 911).

| Other Emergency Phone Numbers: | Fire Department:   |
|--------------------------------|--------------------|
| Ambulance:                     | Police or Sheriff: |

# **Additional Information Available**

Additional information about workers' compensation can be found at the following website: <u>http://dir.ca.gov/dwc</u> or by calling the Division of Workers' Compensation (DWC) Information and Assistance Unit (see page 10 - list of office locations and phone numbers).

# **Workers' Compensation and Non-Discrimination**

It is illegal for your employer to fire you or in any way discriminate against you because you file a workers' compensation claim, intend to file a workers' compensation claim, settle a claim, testify or intend to testify for an injured worker. If it is found your employer discriminated against you, your employer may be ordered to reinstate your job, reinstate your lost wages and employment benefits, and pay increased workers' compensation benefits up to a maximum established under law.

# **Medical Benefits**

Your TPA will pay all reasonable and necessary medical care for your work injury/ illness. Medical benefits may include treatment by a doctor, hospital, physical therapy, lab tests, x-rays, and medicines. Your TPA will pay the costs directly so you should never see a bill. In the event a medical provider attempts to bill you for workers' compensation services immediately notify the TPA. files a claim form, the law requires your employer to authorize all reasonable and necessary medical treatment for an alleged injury until the date the liability is rejected. An employer is obligated to pay for medical treatment on claims that have been delayed (being investigated to determine if work caused the injury/ illness) up to \$10,000.

Within one working day after an employee

# **Temporary Disability Benefits**

If you are disabled and unable to work due to your work-related injury/illness for more than 3 calendar days, temporary disability benefits will partially replace your lost wages. The first 3 calendar days are not paid unless you are disabled more than 14 days, or are hospitalized. Temporary disability pays two-thirds of your average weekly wage, subject to minimum and maximum amounts set by State law. Temporary disability payments begin when your doctor says you can't do your usual work or available modified work. The payments must be made every two weeks. Generally, temporary disability stops when you return to work, or when the doctor releases you for work, or says your injury has improved as much as it's going to. If you were injured after April 19, 2004, your temporary disability payments may be terminated by limitations established the California Labor Code.

The County of Los Angeles provides salary continuation in lieu of temporary disability payments for certain job classifications (County Code 6.20.070). In addition, select job classifications are entitled to Labor Code Section 4850 benefits. Such benefits entitle the injured worker to a leave of absence while disabled without loss of salary in lieu of temporary disability payments. Please contact your department Personnel Officer or Return-to-Work staff with any questions you have relating to your entitlement to salary continuation or Labor Code Section 4850 benefits.



# **Permanent Disability Benefits**

Your examining physician will report on any permanent impairment that may be considered a permanent disability once your injury/illness has reached maximum medical improvement. Under State workers' compensation law, a permanent disability rating involves a specialized formula. This formula considers your age, occupation, type of injury/illness, diminished future earning capacity, and the permanent impairment caused by your work-related injury/illness. Generally, permanent disability payments are issued every two weeks in an amount established by State law and paid over a fixed number of weeks until the total amount has been paid.

# **Supplemental Job Displacement**

If your work-related injury/illness precludes you from returning to work within 30 days after the last payment of temporary disability, and your employer does not offer a modified or alternate work, a nontransferable voucher for educationrelated costs is payable job to a Stateapproved school. The supplemental job displacement benefit is for injuries/ illnesses occurring on or after January 1, 2004 and can be up to \$10,000 depending on the level of your permanent disability. See the following chart for the benefit range:

Per permanent partial disability of less than 15 percent Per permanent partial disability between 15 and 25 percent Per permanent partial disability between 26 and 49 percent Per permanent partial disability between 50 and 99 percent

- = \$6,000 voucher
- = \$8,000 voucher
- = \$10,000 voucher

# **Death Benefits**

If the work-related injury/illness causes death, payments may be made to your dependents. The amount of death benefits is set by State law and depends on the number of dependents and whether they were partially or totally dependent on you.

# What if benefits are denied?

You have the right to disagree with any decision affecting your claim. Call your claims administrator to see if you can resolve any disagreement. For free assistance, you can contact the DWC Information and Assistance Unit (see additional information section). The DWC Information and Assistance Unit provides continuing information on rights, benefits, and

Such payments are made at the same rate as temporary disability, but payments will not be less than \$224 per week. A burial allowance is also provided.

obligations under California workers' compensation laws. They can assist in the resolution of misunderstandings and disputes without formal proceedings and help ensure that full and timely benefits are furnished.



# **Primary Treating Physician**

Your primary treating physician (PTP) is the doctor with the overall responsibility for treatment of your work-related injury/ illness and for coordinating care with other providers. The PTP recommends the type of medical care you need and whether a referral to a specialist is needed. Your PTP is also responsible for determining when you can return to work, helping identify the work you can do safely while you recover, and writing medical reports that will affect the benefits you receive. It is important your PTP provides welldocumented treatment requests so there is no delay in the utilization review (UR) process. The UR process involves doctors and other health consultants reviewing your medical treatment needs by following medical treatment guidelines approved by the DWC. There are time limits to approve, modify, delay, or deny treatment requests from your physician.

# How do I access medical care for my work injury or illness?

If you have a work-related injury/illness, contact your supervisor immediately. Your supervisor or designated department employee will refer you to an Initial Treatment Center (ITC) unless you have predesignated a personal physician. In order to provide you with the best medical care the County of Los Angeles has chosen to utilize a single Medical Provider Network (MPN). You may choose any provider from the County of Los Angeles (L.A. County/CorVel) MPN. You may access the MPN to select an ITC or a continuing treatment provider by logging onto the CorVel MPN website for L.A. County at: https://www.corvel.com/ PPOLookupDirect?login=cola

You may also contact the LA County/ CorVel Medical Access Assistant for assistance at 855-857-7556 or email at: <u>MPNAccess\_Hotliine@corvel.com</u>

After an initial evaluation, you have the right to choose another primary treating physician from within the MPN.



# How do I pre-designate a personal physician?

You can predesignate a doctor or a multi -specialty medical group providing comprehensive medical services predominantly for nonoccupational illnesses/ injuries before you sustain your injury/ illness. To predesignate, you must give your employer the name and address of your physician or your physician's multispecialty group in writing before you are injured or become ill due to work (see forms on page 6 & 7).

Your predesignated physician can treat you from the date of your injury/illness. Your predesignated physician must meet the following requirements:

- $\sqrt{}$  Must be your regular physician.
- $\checkmark~$  Must be your primary care physician of your physician's integrated multispecialty group.
- $\sqrt{}$  Must be licensed per Business & Professions Code.
- $\sqrt{}$  Must have previously provided your treatment.
- $\sqrt{}$  Retains your medical records and medical history.
- $\sqrt{}$  Agrees to be your predesignated physician.

# PREDESIGNATION OF PERSONAL PHYSICIAN

In the event you sustain an injury or illness related to your employment, you may be treated for such injury or illness by your personal medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or medical group if:

- your employer offers group health coverage;
- the doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;
- your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for nonoccupational illnesses and injuries;
- prior to the injury your doctor agrees to treat you for work injuries or illnesses;
- 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.

You may use this form to notify your employer if you wish to have your personal medical doctor or a doctor of osteopathic medicine treat you for a work-related injury or illness and the above requirements are met.

## NOTICE OF PREDESIGNATION OF PERSONAL PHYSICIAN

## **Employee: Complete this section.**

| То:   | (name of employer) If I have a work-related injury or illness |  |
|---|---|--|
| I choose to be treated by:                      |   |  |
| (name of doctor) (M.D., D.O., or medical group) |   |  |
| (street address, city, state, ZIP)              |   |  |
| (telephone number)                              |   |  |
| Employee Name (please print):                   |   |  |
| (employee's street address, city, state, ZIP)   |   |  |
| Employee's Signature                            | Date:   |  |
| Physician: I agree to this Predesignation:      |   |  |
| Physician's Signature:                          | Date:   |  |

(Physician or Designated Employee of the Physician or Medical Group)

The physician is not required to sign this form, however, if the physician or designated employee of the physician or medical group does not sign, other documentation of the physician's agreement to be predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3). Title 8, California Code of Regulations, section 9783. (Optional DWC Form 9783 March 1, 2007)

## NOTICE OF PERSONAL CHIROPRACTOR OR PERSONAL ACUPUNCTURIST

If your employer or your employer's insurer does not have a Medical Provider Network, you may be able to change your treating physician to your personal chiropractor or acupuncturist following a work-related injury or illness. In order to be eligible to make this change, you must give your employer the name and business address of a personal chiropractor or acupuncturist in writing prior to the injury or illness. Your claims administrator generally has the right to select your treating physician within the first 30 days after your employer knows of your injury or illness. After your claims administrator has initiated your treatment with another doctor during this period, you may then, upon request, have your treatment transferred to your personal chiropractor or acupuncturist.

You may use this form to notify your employer of your personal chiropractor or acupuncturist.

Your Chiropractor or Acupuncturist's Information:

| (name of chiropractor or acupuncturist)                            |                                    |
|--|------------------------------------|
| (street address, city, state, ZIP)                                 |                                    |
| (telephone number)   |                                    |
| Employee Name (please print):                                      |                                    |
| (employee's street address, city, state, ZIP)                      |                                    |
| Employee's Signature   | Date:                              |
| Title 8, California Code of Regulations, section 9783.1. (DWC Form | 9783.1- Effective date March 2006) |

# **Returning to Work**

You should take an active role in returning to work as soon as possible by communicating with your treating doctor, claims examiner, and department about the kind of work you can do while recovering from your injury/illness. The County of Los Angeles Return-to-Work Program promotes the provision of temporary, modified or alternative positions for injured workers recovering from injuries/illnesses. Such positions are made available by your department to ensure your safe (within the restrictions established by your doctor) and speedy return to work. The DWC finds that injured workers who return to the job as soon as medically possible have the best outcomes.



# Working Safely on the Job

The County of Los Angeles strives to ensure a safe and healthful work environment for County employees, clients, and visitors. This requires every employee to take an active role in ensuring their personal safety and the safety of others. Observe all safety rules, procedures and guidelines. Use personal protective equipment where required.

It is important to immediately report any unsafe conditions, hazards, accidents, and near-misses to your supervisor. Slip, trip and fall hazards, for example, can usually be easily corrected once reported. Emergency exits and stairways should be maintained free from obstructions to ensure immediate exit in case of emergency. Every County department also has a department safety officer who can assist with workplace safety and health matters.

The County depends on you to do your part in providing a safe and healthful environment for everyone.



# **Workers' Compensation Fraud**

It is a felony to file a false or fraudulent statement or to submit a false report or any other false document for the purpose of obtaining or denying workers' compensation benefits. In addition, injured workers are required to report to their employer or claims administrator money they earned for work performed during periods they received temporary disability benefits (including salary continuation or Labor Code 4850 benefits). Failure to follow this requirement may be a violation of the law. Workers' compensation fraud is a serious offense, and if convicted, a person can face up to five years in prison and/or a fine of up to \$150,000 or double the value of the fraud.

tion claims are legitimate. Most injured workers want nothing more than appropriate medical treatment and compensation for lost wages until they can return to work. Workers' compensation fraud, in its many forms, undermines the perceived legitimacy of the workers' compensation system and creates an unwarranted drain on scarce tax dollars. It is vital for the County to aggressively detect, prosecute, and deter fraud in order to protect precious tax dollars. You can report suspected workers' compensation fraud by contacting one of the offices listed below.

The vast majority of workers' compensa-

| OFFICE  | PHONE          | E-MAIL                       |
|---|----------------|------------------------------|
| CEO RISK MANAGEMENT BRANCH<br>ANTI-FRAUD PROGRAM      | (213) 738-2137 | wcantifraud@ceo.lacounty.gov |
| COUNTY OF LOS AGELES (OCI)<br>EMPLOYEE FRAUD HOTLINE  | (800) 544-6861 | fraud@auditor.lacounty.gov   |
| LOS ANGELES COUNTY<br>DISTRICT ATTORNEY'S OFFICE      | (213) 974-3512 | Info@da.lacounty.gov         |
| CALIFORNIA DEPARTMENT OF<br>INSURANCE — FRAUD HOTLINE | (800) 927-4357 | Fraud@insurance.ca.gov       |



## **Division of Workers' Compensation Information and Assistance Unit**

### Anaheim

1065 N Pacific Center Dr., Suite 170 & 200 Anaheim, CA 92801-1162 (714) 414-1801

### Marina del Rey

4720 Lincoln Blvd Marina del Rey, CA 90292-6902 (310) 482-3820

## San Bernardino

464 W. Fourth Street, Suite 239 San Bernardino, CA 92401-1411 (909) 383-4522

## **Bakersfield**

1800 30th Street, Suite 100 Bakersfield, CA 93301-1929 (661) 395-2514

## **Oakland**

1515 Clay Street, 6th floor Oakland, CA 94612 (510) 622-2861

#### San Diego

7575 Metropolitan Drive, Suite 202 San Diego, CA 92102-4424 (619) 767-2082

## <u>Eureka</u>

100 "H" Street, Room 202 Eureka, CA 95501-0481 (707) 441-5723

#### **Oxnard**

2220 E. Gonzales Road, Suite 100 Oxnard, CA 93030-8293 (805) 485-3528

## San Francisco

455 Golden Gate Avenue, 2nd floor San Francisco, CA 94102-7014 (415) 703-5020

### **Fresno**

2550 Mariposa Mall, Room 4078 Fresno, CA 93721-2219 (559) 445-5355

## Pomona

732 Corporate Center Drive Pomona, CA 91768-2653 (909) 623-8568

## San Jose

100 Paseo de San Antonio, Room 241 San Jose, CA 95113-1402 (408) 277-1292

## Goleta

6755 Hollister Avenue, Room 100 Goleta, CA 93117-5551 (805) 968-4158

## **Redding**

2115 Civic Center Drive, Room 15 Redding, CA 96001-2796 (530) 225-2047

## Santa Ana

28 Civic Center Plaza, Room 451 Santa Ana, CA 92701-4033 (714) 558-4597

## **Grover Beach**

1562 W. Grand Avenue Grover Beach, CA 93433-2261 (805) 481-3296

## **Riverside**

3737 Main Street, Room 300 Riverside, CA 92501-3337 (951) 782-4347

## <u>Santa Rosa</u>

50 "D" Street, Room 420 Santa Rosa, CA 95404-4771 (707) 576-2452

## Long Beach

300 Oceangate Street, Suite 200 Long Beach, CA 90802-4304 (562) 590-5240

### Sacramento

2424 Arden Way, Suite 230 Sacramento, CA 95825-2403 (916) 263-2741

### **Stockton**

31 East Channel Street, Room 344 Stockton, CA 95202-2314 (209) 948-7980

## Los Angeles

320 W. 4th Street, 9th floor Los Angeles, CA 90013-2329 (213) 576-7389

## <u>Salinas</u>

1880 North Main Street, Suite 100 Salinas, CA 93906-2037 (831) 443-3058

### Van Nuys

6150 Van Nuys Blvd., Room 105 Van Nuys, CA 91401-3370 (818) 901-5367