

# REGARDING YOUR WORKERS' COMPENSATION INJURY

#### WHAT IS WORKERS' COMPENSATION?

A safe working environment is important to the County of Riverside. However, should you become injured or ill due to your employment with the County we want ensure you receive prompt quality medical treatment. Workers' compensation benefits are to provide employees who sustain an injury or illness on the job with benefits to medically cure or relieve them of their industrial injury.

**Benefits include:** medical treatment, temporary disability benefits, permanent disability benefits, return to work benefits, and in the case of a death, benefits to qualified dependents.

### COUNTY OF RIVERSIDE WORKERS' COMPENSATION PROGRAM:

The County of Riverside is self-insured and self-administered. This means:

The County of Riverside's workers' compensation benefits are directly paid out of the County's budgets rather than an insurance carrier.

#### AND

The workers' compensation claims are managed by certified County employees.

#### WHEN AM I COVERED?

Coverage under workers' compensation begins when you arrive at work. If you are injured or sustain an illness that arose in the course and scope of employment your injury is covered.

Some injuries that result from voluntary activity, such as off duty social or athletic activities may not be covered.

Generally, volunteers are not covered; however, there may be some exceptions to this rule.

#### **HOW DO I GET BENEFITS?**

**Immediately** notify your supervisor if you sustain work related injury or illness so you can get the medical treatment you need without delay.

Benefits do not start until you notify your employer. Failure to timely report your injury may result in benefits being delayed and possibly denied.

If your injury or illness is greater than first-aid, your supervisor will provide you with a claim form (DWC-1). To submit a claim, complete the "Employee" section of the DWC-1 and mark the "Temporary Receipt" box, keep a copy and return the form to your supervisor to complete the "Employer" section. After the form is completed your supervisor will provide you with a completed copy and send a copy to the County's Workers' Compensation Department.

California law requires medical treatment to be authorized within one working day of receipt of your DWC-1. If your claim is delayed for any reason, you will be entitled to medical treatment up to \$10,000 pending a decision to accept or reject your claim.

#### **BENEFITS OVERVIEW:**

There are five basic benefits provided through workers' compensation: medical treatment, temporary disability benefits, permanent disability benefits, supplemental job displacement benefits and in the case of an employee's death, death benefits.

#### **EMERGENCY MEDICAL CARE:**

If you are injured and need emergency medical care, go to the nearest emergency room. If you cannot get yourself to the emergency room, call 911 immediately and report your injury to your employer as soon as possible.

#### **MEDICAL TREATMENT:**

Workers' Compensation provides treatment that is reasonably necessary to cure or relieve you from the effects of the industrial injury or illness. There is no deductible or co-payment and is at no cost to you. You will be reimbursed mileage to and from your medical appointments.

California law prohibits an injured worker from being billed for treatment related to a claimed workers' compensation injury or illness. If you receive a bill from a medical provider regarding your claim notify your workers' compensation adjuster.

#### MEDICAL PROVIDER NETWORK PROGRAM:

The County of Riverside uses an approved **Medical Provider Network [MPN]** as it is the exclusive source to provide medical care.

To access the County of Riverside's MPN go to: <a href="http://www.corvel.com/ppo-lookup">http://www.corvel.com/ppo-lookup</a>

LOGIN: CORMPN

**NETWORK: COUNTY OF RIVERSIDE MPN** 

If your claim is accepted, or while in a delayed status, you are required to treat within the County's MPN

regardless of union representation, unless your personal care physician was pre-designated prior to your injury.

Once you report your injury to your supervisor you will be referred for medical treatment within the MPN. After this first visit you are free to change to any other physician in the MPN if you prefer another physician or location. Let your adjuster know of any changes.

# THE RIGHT TO PRE-DESIGNATE YOUR PERSONAL TREATING PHYSICIAN:

You have the right to pre-designate your personal treating physician to treat you in the event of an industrial injury or illness. For the physician to be eligible, prior to your industrial injury or illness, you must complete the requisite pre-designation form and the physician must have agreed and signed the requisite forms.

#### PHARMACY CARD:

When you file your claim, you will be provided with a temporary prescription ID card from Express Scripts, followed by a permanent card. Use this card to fill your authorized workers' compensation prescriptions at participating chain pharmacies at no cost to you.

#### **UTILIZATION REVIEW:**

When your primary treating physician makes a recommendation for treatment he or she must submit a request for authorization (RFA).

Within **5 working days** a notice of authorization, modification, or delay will be issued. If the RFA is delayed a final determination will be issued no more than **14 calendar days** from the receipt of the initial request.

To assist in your recovery, if your physician advises you of a treatment recommendation notify your claims adjuster so he or she can contact the physician for the treatment request, as the request may not always be sent to the adjuster right away.

If there is any dispute over treatment, you can appeal the decision either to the County's program, or to an Independent Medical Reviewer assigned by the State.

#### **INDEPENDENT MEDICAL REVIEWER (IMR):**

The State of California created an Independent Medical Reviewer as a way for employees to appeal any determinations made by utilization review regarding their treatment. Should your treatment be denied or modified, you will be provided instructions and forms with the utilization review determination along with instructions on how to request an IMR.

#### RETURN TO WORK PROGRAM:

During the recovery period, if you are unable to return to your regular job, you may be provided with appropriate modified or alternate employment. This is a 90-day program, monitored by your treating physician.

#### **WAGE CONTINUATION:**

Although not a regular benefit under workers' compensation, the County does offer wage continuation in cases where you cannot return to work due to your injury. The length of this benefit varies based upon your union affiliation.

#### **TEMPORARY DISABILITY BENEFITS:**

This benefit is tax free and based on two-thirds of your average weekly earnings with minimum and maximum rates set by the state and based on your date of injury and is paid out every two weeks.

For injuries on or after 04/19/2004, Temporary Disability benefits are limited to 104 weeks, and may be extended up to 240 weeks in certain circumstances. These benefits normally continue until you are either released from care or returned to work.

#### To be eligible for Temporary Disability benefits:

- Your claim must be accepted
- Your disability must be certified by the physician treating you for your workers' compensation claim AND the physician must be in the MPN or a valid pre-designated physician.
- You must be declared temporarily totally disabled or provided with work restrictions that cannot be accommodated by your employer

If you are provided with an offer of temporary modified duty and you chose not to accept you may not be eligible for Temporary Disability benefits.

#### **PERMANENT DISABILITY:**

Once your physician determines your condition has reached maximum medical improvement your physician will issue a final report. The final report will address, if applicable, the need for future medical care and any permanent impairment you may have sustained.

#### **QUALIFIED MEDICAL EVALUATIONS:**

If you disagree with the findings of your physician, you have the right to request an additional evaluation from a state Qualified Medical Evaluator. The evaluation is free to you and will be paid by the County.

# SUPPLEMENTAL JOB DISPLACEMENT BENEFITS [SJDB]:

If you are unable to return to work with the County of Riverside because of your work-related injury or illness, you may be entitled to a Supplemental Job Displacement Benefit [SJDB] voucher. The voucher is to assist with retraining or skill enhancement. This voucher can be used for schooling, counseling and supplies to train for a new occupation.

#### **DEATH BENEFITS:**

Qualified dependents will be awarded benefits set forth by the Workers' Compensation Appeals Board.

Up to \$10,000 to cover funeral costs.

#### **DELAYED CLAIMS:**

In the event, additional information is needed to make a determination regarding your claim, your adjuster, by law, has a duty to investigate and by law has up to 90 days and conduct an investigation.

Failure to cooperate with the investigation may result in your claim being denied. If your claim is not denied within the 90 days, it is presumed to be compensable.

While your claim is delayed, you will be entitled to medical treatment up to \$10,000 pending a decision to accept or reject your claim.

#### **ATTORNEYS:**

It is not necessary to be represented by an attorney to receive these benefits. However, you do have the right to consult with an attorney of your choice. Should you decide to be represented by an attorney, you may or may not receive a larger award, but, unless you are determined to be ineligible for an award, the attorney's fee will be deducted from any award you might receive for disability benefits.

The decision to be represented by an attorney is yours to make, but it is voluntary and may not be necessary for you to receive your benefits.

#### **ADDITIONAL RESOURCES:**

The State also offers an Information and Assistance Officer free of charge to help you in answering questions or filling out forms should there be any problems with your case. **The Riverside Information and Assistance Officer can be reached at 951-782-4347** or you may receive recorded information by calling 1-800-736-7401. You can also visit the State's website at: www.dwc.ca.gov

#### **DISCRIMINATION:**

It is a violation of Labor Code section 132(a) and illegal for your employer to terminate or punish you for filing a workers' compensation claim or testifying in another person's workers' compensation claim. Discrimination can result in increased benefits and reimbursement of lost wages and or benefits.

# 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.

Fines can be up to \$150,000 and imprisonment up to 5 years.

County of Riverside Workers'
Compensation Division
P.O. Box 1120
Riverside CA 92502

FOR MORE INFORMATION VISIT:

http://workcomp.rc-hr.com/

PHONE: (951) 955-3530

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