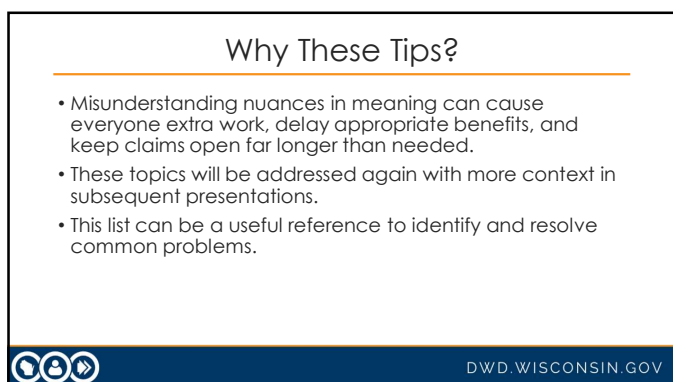
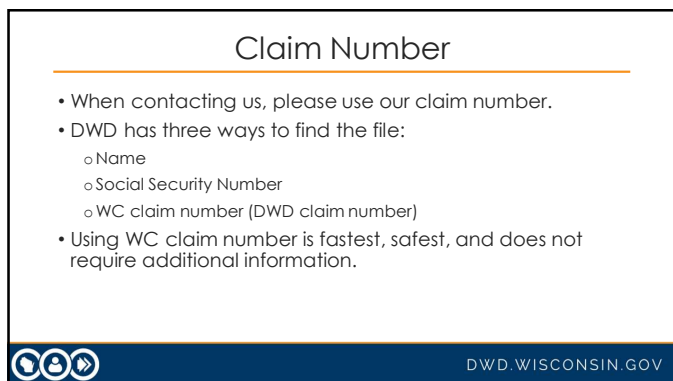




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Operative Reports

- To make your life easier, please send all narrative operative reports to DWD.
- We want the narrative operative report by the surgeon.
 - Usually 1-2 pages long
 - Reads like a story and describes the surgeon's actions
- **IMPORTANT:** Do not send hospital records, anesthesiology reports, pre-op physical reports, medication reports, etc. unless explicitly asked.



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Statutory Minimums



- Minimum PPD rating required by DWD 80.32.
 - Your question is "What will prevent a delay penalty?"
 - Our question is "What do you reasonably know?"
- If you know that it's a statutory minimum rating, PPD payments must start within 30 days of the end of TTD/TPD.



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Statutory Minimums: Examples

- Example: ROM measurements trigger a stat min. The measurements aren't taken until End of Healing (EOH), so you are not expected to pay 30 days after end of TTD/TPD because you can't know this amount until EOH.

Exception to the above: Either surgery or healing process fuses a joint, so you know there is no movement possible.



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Statutory Minimums: Examples

- Example: Amputation of some portion of left distal index finger. You don't know full amount of amputation, but you know it is at least less than 1/3. You are expected to know PPD for this type of injury and pay accordingly.
- Example: Surgery for meniscectomy or fusion. You know these are stat min surgeries and are expected to pay accordingly.



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Meniscectomy

- ANY removal of meniscal tissue is considered a meniscectomy.
- If the operative report includes biting, shaving, trimming, or any other word that indicates removal of at least part of the meniscus, the department considers it a meniscectomy, even if "meniscectomy" is not specifically listed in the op report.
- If you are unsure, call us.



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Comparative X-rays

- We need x-rays for both the injured and **uninjured** hand.
- The law requires that we measure and compare the bone length in the two hands.
- These are not acceptable as x-rays for our purposes:
 - X-ray reports,
 - X-ray of just the injured hand, or
 - Photocopies of x-ray films.
- The claim will remain open until we get the comparative X-rays.



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Final Medical Report

- Must be signed by treating provider: a doctor, psychologist, podiatrist, or chiropractor. If it is signed by an APRN or PA, ask for a co-signature from the collaborating physician.
- Must include Diagnosis, End of Healing, Discharge, PPD rating assigned to a specific joint or body part, signature, and date of signature.
- WKC-16 is not required but saves time and trouble.
- An IME can **never** be a final medical report.



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Off Work Notes



- PAs and APRNs are allowed to treat an injured worker.
- DWD sees the decision to take an injured worker off work as a treatment decision.
- If you have an APRN or PA signature and delay benefit payments because you are insisting on a physician's signature, you may be assessed a delay penalty.



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Three Attempts

- When you have made three attempts to get the Final Medical Report without a response, ask DWD to write a letter to the doctor.
- Three attempts means:
 - Three requests to the doctor's office (not the main building of the health care system, not the billing or medical records offices), and
 - Each request is at least 1 month since the previous one.
- Your request to us should come at least a month after your last request to the doctor.



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Three Attempts (cont.)

- If the doctor says the injured workers has not yet reached end of healing, you start over at request 1 again.
- If you want us to write a letter to the doctor:
 1. Ask us,
 2. Send us a copy of each attempt you made and any response from the doctor, and
 3. Provide us with the full name of the doctor and the doctor's physical address.



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Surcharge vs. Delay Penalty

- Surcharges are assessed when you are late reporting required information to the department.
 - Paid to Work Injury Supplemental Benefit Fund.
- These deadlines **can** be extended.
- Delay penalties are penalties charged when you pay the injured worker late.
 - Paid directly to injured worker.
- The law **does not allow** for any extension for delay penalties.



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Investigation Letter

- **Mail** your investigation letter to the injured worker within 14 days of the first report of injury.
- Letter must clearly state:
 - What you are investigating,
 - How the injured worker can help you obtain the information, and
 - The injured worker's hearing rights if the claim is denied.
- This letter is necessary to be allowed 4 additional weeks for your investigation.
- Investigations should not go beyond 6 weeks.



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Litigation

- For a claim to be litigated, a hearing application must be filed.
- Even if injured worker has an attorney, if no hearing application is on file, insurance carrier is still responsible for providing required reports to the department.
- After the answer is received, the claim remains under the department's jurisdiction until the Alternative Dispute Resolution (ADR) process is complete.



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Compromises and Dismissal Requests

- When the claim is in ADR status, all compromises and dismissal requests need to be processed by our department, DWD WC.
- It is appropriate and preferable to send **all** compromises to DWD WC.
 - Computation techs in our office calculate the worksheet the ALJ needs to write the order.
- DWD WC is responsible for WC records retention. Documents sent directly to OWCH may not be filed correctly.



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Questions?

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