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Worker's Compensation Insurance Letter

INS #	495
Date	January 28, 2013
Program	Claims Management
Type	Informational
Replaces	None

To: Claims Handling Offices for Insurance Carriers and Self Insured Employers
From: John Metcalf, Division Administrator
Subject: Clarification of recent amendment to s. 102.13 (2) (c) about requirement for final treating practitioner report

Purpose: Clarify the amendment to s. 102.13 (2) (c) contained in 2011 Wisconsin Act 183, effective April 17, 2012.

Background: There have been questions concerning the language referencing final treating practitioner's reports for denied claims that was added to s. 102.13 (2) (c) since the amendments in 2011 Wisconsin Act 183 went into effect.

The intention for the amended language is to codify a treating practitioner's final medical report is not required in cases where the claim is completely denied (a denial of causation) and the injured worker does not contest the denial.

The language added to s. 102.13 (2) (c) by the amendment does not alter the fact that a treating practitioner's final medical report is required in cases where a claim is partially denied (a denial of the extent of disability) and liability is accepted for any permanent disability, temporary disability that exceeds three (3) weeks, the employee has undergone surgery to treat an injury except surgery for correction of a hernia, and eye injuries requiring three (3) or more treatments off the employer's premises. The requirements for a final treating practitioner's report set forth in s. 102.13 (2) (c) and DWD 80.02 (2) (e) 4 are still applicable.

Action Requested: Please inform all claims handlers of this clarification.

Inquiries: A revised Plain Language Summary for 2011 Wisconsin Act 183 is available on our web site at: [2015 Wisconsin Act 180 Plain Language Summary](#)

If you have any questions, please contact us at (608) 266-1340.