



Union Construction Workers' Compensation Program

Administered by Wilson-McShane Corporation

www.ucwcp.com

PROGRAM PERFORMANCE: 2015 CASE STUDIES

- 1. An operating engineer was on a job site when the equipment began to overheat.** When the hood was opened a radiator hose became loose, sprayed out on the employee, and caused severe burns to both arms from the elbows to the wrists. Emergency care was given at the scene and then at the HCMC Burn Unit. The program's dispute resolution facilitator contacted the injured worker to explain the program and how the claim was going to proceed. The insurer accepted liability for the claim, paid the wage loss and medical benefits, and assigned a Qualified Rehabilitation Consultant (QRC) from the program's Exclusive Rehabilitation Provider Network who was a registered nurse experienced with burn injuries.

The injured worker was at first apprehensive about the QRC's role, and was not going to cooperate in establishing a rehabilitation plan. The QRC called the facilitator about the problem, and he called to explain the QRC's role in the recovery process. The proper forms were then signed so that the rehabilitation plan could begin. The goal was a return to work with the pre-injury employer.

The QRC managed the medical care and kept all the parties informed on the medical progress being made in the case. Return to work efforts were explored during the slow recovery that involved a number of surgical procedures. Unfortunately the medical care could not restore the injured worker to unrestricted work and the employer was unable to accommodate the permanent restrictions. The rehabilitation plan would be changed to job search and the exploration of retraining.

The injured worker was devastated by the news, eventually hired an attorney, and refused to cooperate with the rehabilitation plan until there could be a meeting to discuss it with the attorney present. The QRC and the adjuster called the facilitator to request the meeting. The insurer agreed to continue to pay wage loss benefits until the facilitation could be scheduled.

At the facilitation the employer's representative, their insurer, the QRC and the placement vendor attended in person, while the employee and her attorney attended by phone. During the meeting the QRC reviewed the medical treatment and vocational plans to-date, and the recommended next steps. A very cooperative exchange then took place with all the parties and the facilitator. By the end of the meeting the parties reached agreements on the future medical treatment and vocational plans. Potential disputes that could have adversely affected the employer and the employee were averted.

- 2. This is what happened next...** The QRC, placement vendor, and employee met in person the day after the facilitation to develop the vocational plan. They all agreed that searching for "Any job within restrictions" would be the short-term goal of the full-time search using every method available. Exploration of retraining would be the long-term goal beginning with vocational testing to determine the most appropriate area of study.

A 5-month search resulted in a return to work with a new employer at a lower wage. By this time the injuries had healed to the point of maximum medical improvement and a permanent partial disability rating was established. The insurer considered having a neutral examination to review the rating, but after a conversation with the facilitator agreed to instead attempt



settlement using a program mediator. The parties reached a complete settlement at mediation leaving open all future medical benefits.

- 3. A sheet metal worker began to develop pain in both of his wrists** but continued to perform all his normal work duties and treating his symptoms with over the counter medication. This went on for two years until the symptoms became too debilitating for him to avoid seeing a doctor. He reported the problem to his employer who directed him into the Exclusive Provider Organization. The doctor determined he had carpal tunnel syndrome, recorded the long history of the symptoms and recommended surgery.

The employee provided the doctor's opinion to his employer who immediately filed a First Report of Injury with their insurer. The insurer denied the claim based on a late report of the injury reasoning that it should have been reported when the symptoms began two years earlier. The employee called the program's dispute resolution facilitator regarding the denial. After discussing the case with the facilitator he supplied the medical records for review.

The facilitator called the insurer about the possibility that this was a repetitive use injury, which would mean that the Gillette-type injury was not reported late. The insurer agreed to follow up with the doctor for clarification. The facilitator suggested that the employee schedule the recommended surgery pending the insurer's review. It was scheduled for the first available date two weeks later.

The doctor was quick to respond to the request for clarification. The insurer was satisfied that the records now supported a compensable Gillette-type injury that was properly reported to the employer and approved the surgery without delay. The employer arranged for work that would help their long term employee avoid any loss of wages and benefits due to this injury.

- 4. A carpenter suffered dizziness and chest pains while performing strenuous work** on the job site. The employer called 911. The ambulance took him to the nearest hospital where he stayed overnight for observation. The reported incident was deemed compensable by the insurer. Medical and wage loss benefits were paid until his return to work three weeks later.

The doctor had the employee wear a heart monitor that would detect any abnormal activity. When the monitor's alarm went off during work he immediately went to the emergency room. An angioplasty was performed to address the blockage that was causing the symptoms. His recovery went well and he returned to full duty work with the employer.

When the insurer refused to pay for bills associated with the second event, the employee had the medical providers send the bills to his union's Health and Welfare insurance plan. The bills were denied by the union plan as being related to a work injury. The employee called the dispute resolution facilitator to assist in getting the bills paid.

After reviewing the medical records the facilitator called both payers to discuss how the bills should be resolved. It was clear from the records that the workers' compensation insurer was responsible for the first incident as an aggravation of his pre-existing heart condition. It became clear that the second event was not related to any work activity, but was entirely related to the employee's pre-existing heart condition. The union's plan agreed to pay the outstanding bills.



- 5. A pipefitter developed pain in his low back while lifting.** He twisted his spine while maneuvering a heavy pipe into place. In spite of the ongoing pain he continued to perform all his duties and treated his symptoms with ice, heat and over the counter medication. After two weeks, however, the pain became excruciating so he decided to report the injury.

He called his employer, who took the information and told the injured worker that he should go to an Exclusive Provider Organization (EPO) provider to get any necessary treatment. The injured worker objected to this idea. The employer then told him to call the Union Construction Workers' Compensation Program (UCWCP).

The Dispute Resolution Facilitator (facilitator) got the call from the injured worker that morning. He was very upset that the employer was telling him where to go for medical care. He stated that he had the right to choose any doctor he wanted. The facilitator explained that injured workers who are participants of the UCWCP can pick any doctor they want to see from the EPO list. After hearing about the purpose of the EPO and the types of doctors that would be available to him, he agreed to see an Occupational Medicine doctor that was not too far from where he lived. The facilitator helped him make an appointment for later that day.

- 6. A cement finisher injured his knee on the job.** The injury was promptly reported and accepted by the insurer. The long recovery from the injury left him with permanent restrictions that prevented a return to his trade. He, his wife and the insurance adjuster called the Dispute Resolution Facilitator (facilitator) requesting a facilitation to discuss settlement. During that meeting the parties discussed the case, and its value, in great detail.

During the year following the injury the injured worker had cooperated with the adjuster, his Exclusive Provider Organization (EPO) doctors, and the program's approved rehabilitation consultant. There was a great deal of trust between the parties, but the challenge was to value the claim given all the circumstances. The parties wanted a neutral party, the facilitator, to help them understand all the options for both parties and how each option affected the value of the claim.

After a very open discussion about these various options and the consequences of each choice the parties were able to reach an agreement that allowed the injured worker to retire and receive a reasonable sum for the settlement of his workers' compensation claim. The settlement provided closure of the claim for the employee, his wife, the employer and the insurer.

Following the settlement the parties were surveyed about the facilitation and their experience. Here are parts of what the employee and the employer said about their experience:

"The facilitator was very professional and added a personal touch. We never felt more cared for, he treated us as his only case. Thank you again."

"A very good result for our company. The facilitator did an excellent job explaining the settlement value to the injured worker."