



Program Performance: 2021 Case Studies

1. Employee's attorney called the program to report that the employee is working for a new employer at a wage loss but the insurer is not paying temporary partial disability (TPD) benefits. He had left messages for the claims adjuster but received no response and wanted to request Facilitation. The program contacted the adjuster and informed her of the dispute. The adjuster contacted the new employer and old employer to verify employment status and obtain wage records. She confirmed that TPD was owed and promptly made payment to the employee. The intervention by the program resulted in payment of wage loss to the employee without further delay or litigation.
2. A bricklayer strained his back picking up stone. He went to a doctor who prescribed medication. The employee went back to work with only minor relief. His supervisor suggested that he see a chiropractor. The employee looked on our website where he found a chiropractor within the program's exclusive provider organization. The insurer refused to authorize a change of provider or treatment with the chiropractor. The employee contacted the program regarding his treatment. The program contacted the adjuster to discuss the employee's right to change treating providers. The adjuster agreed to authorize the change of provider and treatment. The intervention by the program resulted in authorization for treatment within 24 hours of the call by the employee. The employee lost no time from work for this injury.
3. A carpenter suffered a cut to his middle finger that severed a tendon. The employer was not able to provide work within the restrictions provided by the treating physician. The insurer paid the employee wage loss benefits as a result of the injury. The employee contacted the program questioning the insurer's average weekly wage calculation believing that it unfairly reduced his weekly benefit. The program called the adjuster to review the wage records. After a short discussion regarding the calculation, the adjuster realized the mistake made in the calculation. The adjustment to the wage calculation was made. The intervention of the program resulted in payment at the appropriate benefit rate and reimbursement for underpayment of benefits to the employee.
4. A glazier sustained an admitted work-related injury. Following surgery, the employee could not return to his pre-injury position due to permanent restrictions. The employer and employee both wanted employment to continue. The employer, employee and assigned qualified rehabilitation consultant contacted the program for assistance. The program suggested that the employer have an Occupational Therapist specializing in ergonomics evaluate the position to determine if modifications could be made to the workstation to allow for his permanent restrictions. Following the evaluation, modifications were made and the employee was able to continue in his pre-injury position within his permanent restrictions. Due to the successful modification of the employee's workstation, the employer hired the Occupational Therapist to evaluate and modify all other workstations to reduce potential injuries to other employees. The intervention of the program helped an employee remain at his pre-injury position following a serious injury and prevent future injuries.
5. The program received a call from a laborer complaining that the insurer was not paying temporary total disability benefits after he was laid off from a light duty job. He argued that although the layoff was an expected seasonal event his restrictions entitled him to wage loss benefits. The program called the adjuster to review the case law regarding this particular situation, which appeared to support the employee's position. After getting confirmation from the insurer's attorney, the adjuster willingly commenced payment of wage loss benefits.

Program Performance: ADR System



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6. A plumber was working full duty for over five years with the same contractor when his family doctor told him that his knee needed surgery. The employee had a long history of knee problems that pre-dated this employment. The insurer was considering a Dispute Resolution Examination (DRE) to determine whether the surgery was related to his current employment, or if it might be a pre-existing condition that needed surgery for reasons other than work. The employer and the employee wanted to proceed with surgery and have a return to work as soon as possible. The insurer called the program. The medical records were reviewed and showed a significant history of knee problems, but lacked any recommendation for surgery previously. They also noted that the employee had no restrictions for the last five years and was now continuing to perform his duties subject to some restrictions. After this review, the adjuster accepted the claim and approved the surgery with an Exclusive Provider Organization (EPO) orthopedic specialist.
7. An ironworker fell while putting on corner bars fracturing a finger and injuring his right knee. The insurer accepted liability and paid for the medical treatment and wage loss benefits. When the injured worker was released to return to work with restrictions, offers to provide light duty work were communicated to the employee, but for a variety of reasons were not accepted. Both the employee and the insurer called the program to resolve the period of claimed wage loss that had grown to 3 weeks by the time of the call. The matter was resolved over the phone by the next day. A compromise was made on the wage loss claim and the employee returned to work with his pre-injury employer in an appropriate light duty position.
8. A 20-year old sheet metal apprentice was working on a 10-foot power brake in the shop when both of his thumbs were pinched in the machine. He was taken by ambulance, and received treatment. The adjuster immediately accepted the claim and referred to a program Qualified Rehabilitation Consultant (QRC) to assist him with the follow-up medical care. The employee was directed to the Exclusive Provider Organization (EPO) for this treatment, but then resisted going to the appointment that was set up by the QRC. He stated that he was told he could go to the doctor of his choice. The QRC called the program for assistance.

The program called the injured worker to explain the purpose of the EPO and his ability to select any doctor within the network. He also explained that the QRC arranged for the injuries to his thumbs to be treated by a specialist on an expedited appointment. The employee agreed to cooperate with the QRC and the medical treatment within the EPO. The EPO doctor provided the treatment and the after a very good outcome the apprentice returned to his pre-injury employer.

9. A carpenter strained his neck while lifting some materials. It was reported as an "incident only" to the insurer since there was initially no medical treatment being sought. As the symptoms became worse, the employer sent him to a provider in the Exclusive Provider Organization (EPO) for treatment. He was seen by an orthopedic surgeon who recommended surgery, provided the employee would become nicotine free. The insurer asked that a Neutral Physician Examiner provide a chart review for an opinion regarding the recommended surgery. The medical records were submitted to the program who forwarded them to the neutral examiner, along with his cover letter explaining the insurer's questions.

The examiner's report was sent to the program within two weeks of the request. The examiner agreed with the treating physician recommendations for surgery. Following the successful surgery the employer provided their employee with union work within his restrictions at full scale and benefits.