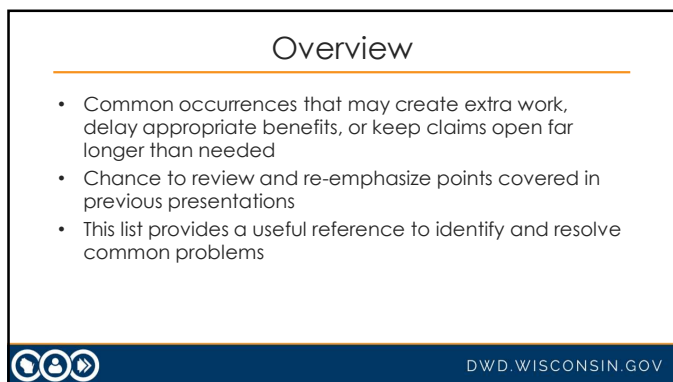
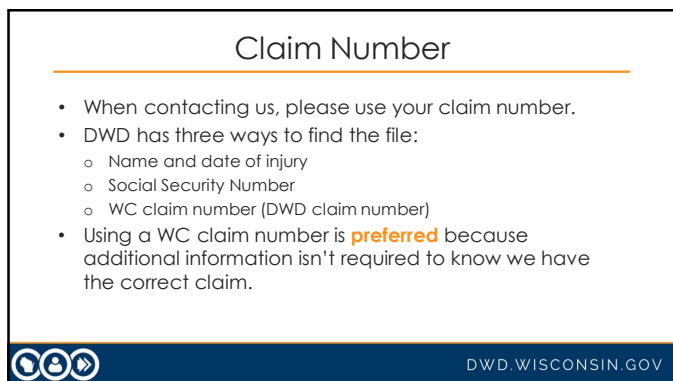




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Operative Reports

- Please send all narrative operative reports to WCD.
- 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.
- If you know that a statutory minimum rating applies, PPD payments **must** start within 30 days of the end of TTD/TPD.
 - Your question: "What will prevent a delay penalty?"
 - Our question: "What do you reasonably know?"



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Statutory Minimums: Examples

- 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.
- Surgery for meniscectomy or back or joint fusion
 - You know these are stat min surgeries and are expected to pay accordingly.



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Statutory Minimums: Examples

- 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.
 - *Note: Most adjusters remember the stat min for back fusions, but they tend to forget about joint fusions.*



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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.
- We cannot use the following:
 - X-ray reports,
 - X-ray of just the injured hand, or
 - Photocopies of x-ray films
- The claim will remain open until we have reviewed the comparative X-rays.



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Final Medical Report (FMR)

- Must be signed by treating provider: a doctor, psychologist, podiatrist, chiropractor, physician assistant, advanced practice registered nurse, or audiologist.
- The FMR **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.
- **Never** expect an IME to be a final medical report.



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Three Attempts

- When you have made three attempts to get the Final Medical Report without a response, ask WCD to write a letter to the doctor.
- Three attempts means:
 - Three requests to the provider's office (not the main building of the health care system, nor the billing or medical records offices), **and**
 - There is at least one month between requests, **and**
 - Your request to us is made at least a month after your last request to the provider.



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Three Attempts

- If the doctor says the injured worker has not yet reached End of Healing, you start over at request one.
- If you want us to write a letter to the provider:
 - Ask us, **and**
 - Send us a copy of each attempt you made and any response from the provider, **and**
 - Provide us with the full name of the provider and the provider's **physical address**.
 - Please verify that you have been faxing to the correct number before asking us for a letter.



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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 payment of due and accrued benefits to the injured worker.



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Investigation Letter

- **After conducting your initial investigation, 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, **and**
 - How the injured worker can help you obtain the information, **and**
 - The injured worker's hearing rights if the claim is denied.



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Investigation Letter

- This letter is necessary to be allowed four additional weeks for your investigation.
- Investigations should not go beyond six weeks.



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Employer Actions that Increase Litigation

- Improper reporting
- Unclear or improper offer of work during TPD
- Not following restrictions and allowing harassment
- Failing to tell injured worker they have the right to choose their provider



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Voluntary Notice for Employers

- May 2024: WC announced a new tool for employers
- Notice to Injured Workers and Employers ([Form WKC-19606-P](#))
 - Voluntary for employers to post – not mandatory
 - Tells employers and employees what to do in the event of a work injury
 - Gives contact information for this employer's worker's compensation claims administrator
 - Available in English, Spanish, and Hmong



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Notice to Injured Workers and Employers



Find this and other workplace posters on the DWD eWorkBoard.



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Litigation

- For the department to consider a claim litigated, we must have a hearing application on file.
- Even if the injured worker has an attorney, if no hearing application is on file, the insurance carrier is still responsible for providing required reports to the department.



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Litigation

- Now that the reunification is complete, all questions and correspondence will come to our office.
- ADR will still be available for claims with less complex disputes.



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Questions?

Gail Wickman
 Dispute Resolution Specialist
 608-261-4895

gails.wickman@dwd.wisconsin.gov



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