TITLE: Workers’ Compensation Procedures

NUMBER: REF - 1279

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Risk Management & Insurance Services

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PURPOSE: The purpose of this reference guide is to provide information and establish procedures for work-related injuries or illnesses. It is designed to assist site administrators with the workers’ compensation process, ensure that employees receive appropriate benefits without delay, and protect the District against costly financial penalties.

MAJOR CHANGES: This Reference Guide replaces BUL-1201 of the same subject dated August 5, 2004, and also replaces Reference Guide L-1 issued on June 1, 2002 by the Office of General Counsel. The content has been revised to reflect the creation of the Division of Risk Management and Insurance Services (DORMIS) and the change to a new claims administrator, Sedgwick Claims Management Services, Inc. It also outlines changes in workers’ compensation claims reporting procedures.

GUIDELINES: The following guidelines apply.

I. REPORTING WORK-RELATED INJURIES/ILLNESSES

All work-related injuries and illnesses must be reported to the District’s workers’ compensation claims administrator, Sedgwick CMS.

II. POSTING REQUIREMENTS

All schools and offices are required to display Attachment A, the poster entitled “If a Work Injury Occurs” in a conspicuous location accessible to all employees. (This poster will also be distributed through school mail). The poster summarizes employees’ rights and employers’ obligations should an employee suffer a work-related injury or illness. The law also requires that this information be posted in both English and Spanish. Please ensure that all blank spaces are completed before posting. If you need assistance, please contact DORMIS at (213) 241-3138.

III. PRE-DESIGNATION OF PHYSICIAN

An employee may designate a personal physician to provide treatment in case of a workers’ compensation injury instead of using an authorized medical provider. Such designation must be made PRIOR to an industrial injury, and the physician’s area of expertise must be appropriate for the injury. The physician must agree, in writing, to the pre-designation. The
pre-designation form is given to all new employees by Personnel and is maintained at the employee’s work location. The employee may also use a copy of the form attached (Attachment B) or download the form from the DORMIS website at the workers’ compensation page, under “Forms and Documents”.

IV. WHEN AN INJURY OR ILLNESS OCCURS

A. Medical Attention

i. If emergency medical attention is required, immediately call 911 or your local emergency medical services provider.

ii. If non-emergency medical attention is required or is requested by the injured worker, refer to the list of approved doctors and facilities, Attachment C, for the nearest authorized medical provider. Employees must be referred only to a medical provider included on Attachment C. Copies of this directory should be provided to key personnel at each work location to ensure that an injured worker receives timely medical attention at an appropriate facility. An up-to-date list of medical providers is also available on the Sedgwick/Intracorp website at www.geoaccess.com/directoriesonline/intracorp/sedgwick.

iii. For dental-related injuries, please call Sedgwick CMS at (626) 397-9200 for dental referrals.

V. FIRST-AID CASES

DO NOT report first-aid cases to Sedgwick CMS. These cases are defined as injuries or illnesses that do not require a doctor’s visit or outside medical attention and no time is lost after the date of injury.

The incident should be documented on the Accident Investigation Report (Attachment D) and maintained in the employee’s personnel file. If the employee should seek medical attention or lose time from work at a later date, report the claim to Sedgwick CMS immediately.

VI. HOW TO REPORT AN INDUSTRIAL INJURY

A. Employee Injury Report Worksheet

Complete the Workers’ Compensation Injury Report Worksheet (Attachment E). This worksheet specifies the information needed when reporting the claim. After you have reported the claim, this form should be maintained separately from the employee’s personnel file in your confidential files.
B. Toll Free Claim Reporting Telephone Number

Call the Sedgwick CMS Claims Intake Center at (800) LAUSDWC (1-800-528-7392). The customer service representative will request the information included on the injury report worksheet.

The customer service representative will give you a claim number. An Employer’s Report of Injury (Form 5020) will be generated and forwarded to the State as required by law. A copy will also be furnished to the work location for its records.

State law requires the Employer’s Report of Injury to be completed within five days of notice of the injury. Prompt telephone reporting will help to ensure compliance with the law and avoid financial penalties for late reporting.

Please do NOT wait for the employee to return the claim form before reporting the claim. Claims must be reported within five days.

C. DWC-1 Form: Employee’s Report of Injury (Attachment F)

The site administer is legally responsible for providing this State of California form to the injured employee within 24 hours of notice of injury. The employee must complete the top section and return the form to the work location. The work location then completes the lower section of the form and distributes copies as follows:

i. Carrier copy: To Sedgwick CMS
   P.O. Box 70249
   Pasadena, CA 91117

ii. Claimant copy: To the employee

iii. Employer copy: To be retained at the work location

Additional forms may be obtained by calling Sedgwick CMS at (626) 397-9200, or the California Division of Workers’ Compensation website at www.dir.ca.gov/dwc or on the ORMIS website at www.lausd.k12.ca.us

D. Payroll Time Reporting

When an employee is absent from work because of a work-related injury or illness, any time lost after the day the injury happened should be reported as “WC” for workers’ compensation. The entire day the injury occurred should be reported as “regular” time. Payroll Services Branch is responsible for any adjustments with respect to the usage or restoration of the employee’s illness or vacation time.

E. Salary Continuation Benefits Verification Form (Attachment G)
This form is required to report the first three days of absence due to an industrial injury or illness. It is also to be completed if additional absences, such as therapy and follow-up doctor visits, occur after the employee returns to work.

The Salary Continuation Benefits Verification Form must be signed by the employee and the physician or therapist providing treatment and returned to Sedgwick CMS. Industrial leave pay will not be adjusted until this form is approved by Sedgwick CMS.

F. Leave of Absence

An employee who is absent from work due to a work-related injury must comply with all Personnel requirements, such as submitting leave of absence paperwork and medical verification of illness. An employee’s failure to comply with such requirements may result in disciplinary action (up to and including dismissal) and/or interruption of salary payments.

VII. STAY AT WORK PROGRAM

The District has established a policy to return injured employees to gainful or productive employment by providing transitional work or reasonable accommodations which are within the employee’s medical restrictions. The Division of Risk Management and Insurance Services has established an Integrated Disability Management Department that is available to assist, if necessary, in identifying and providing modified or alternate duties or other accommodations. The policies and procedures relative to the Stay at Work program are the subject of a separate bulletin, and they may also be accessed through the DORMIS website.

VIII. EMPLOYEES RETURNING TO WORK

An employee who returns to work from an industrial injury leave must present a medical release signed by the appropriate doctor which identifies work restrictions, if any. If there is any question regarding an employee’s ability to return to work, please call the Integrated Disability Management Department at (213) 241-3135.

IX. FRAUD

Workers’ compensation fraud and workers’ compensation claims abuse costs the District money that could be used for other purposes, such as textbooks, salaries, supplies, etc. If anyone has reason to suspect that a workers’ compensation claim is fraudulent or that an employee is abusing workers’ compensation benefits, please call the Office of the Inspector General’s Fraud Hotline at (213) 241-7778, or call DORMIS at (213) 241-3138.
AUTHORITY: This is a guideline of the Division of Risk Management and Insurance Services.

ATTACHMENTS: Click links on this web page for updated Attachments:

- Workers’ Compensation Poster entitled “If a Work Injury Occurs” (in English and Spanish)
- LAUSD Workers’ Compensation Injury Report Worksheet
- Workers’ Compensation Claim Form
- Medical Authorization Form
- Medical Provider Network Panel
- Salary Continuation Benefits Verification Form
- Pre-Designation of Physician Form
- Injury/Accident Investigation Report

RELATED RESOURCES: Los Angeles Unified School District Website at www.lausd.net; search under the Offices section for Risk Management and Insurance Services and/or Office of Environmental Health and Safety.

ASSISTANCE: For assistance or further information please contact:

Division of Risk Management and Insurance Services at (213) 241-3138.