



CITY *of* CLOVIS

Now that you have filed a workers' compensation claim, what happens next?

Who will I be contacting about my claim?

The City is self-insured, but uses the services of a third party administrator, Acclamation Insurance Management Services (AIMS). Within three business days of your claim, you will be contacted by a claims examiner who will assist you with your claim. Of course, you can contact Personnel anytime.

Who pays for medical treatment?

The City will cover the cost of your medical treatment for approved claims. If you receive any medical bills related to your worker's compensation injury, please forward your bills to AIMS and Personnel to ensure all bills are paid.

What medical professional will I see for treatment?

- For medical claims, you will see your Primary Treating Physician (PTP) who will handle most of your care, or may refer you to other specialists. The initial PTP will be either:
 - The City's workers' compensation doctor, or
 - A physician you have designated prior to the injury by completing a Pre-designation of Personal Physician form. This pre-designated doctor must agree to see you for work related injuries or illnesses and must accept workers' compensation insurance.
- After 30-days from the start of treatment, you have the right to change to a different PTP of your choosing as long as they accept workers' compensation claims and insurance.
- In the event of an extreme emergency, you may be sent to the emergency room. As soon as possible following the emergency room visit, please see the City's workers' compensation doctor or your pre-designated physician as noted above.
- For psychological claims, the City must determine if the claim is work related. Most often, these claims are not immediately approved but are put in a delayed status in order for the employee to meet with an investigator or other professional who can determine if the main cause is work related. To make this determination, the investigator or professional will be discussing stressors both related to work and outside of the employee's work. When a claim is on delay, AIMS has 90 days to

either accept or deny the claim. If the claim is determined to be at least 51% work related, the claim may be accepted as a workers' compensation claim. If the claim is rejected as not primarily work related, the employee is able to seek mental health assistance through our Employee Assistance Program or their own private insurance.

What happens at physician appointments?

- You may be meeting with your PTP, or other medical professionals referred by your PTP. Be sure to immediately bring your supervisor any post-treatment paperwork about your status, next visit(s), or work restrictions.
- It is important that you attend all scheduled appointments. If you miss an appointment, reschedule as soon as possible.
- Time off for follow-up doctor or therapy appointments is not paid time. Every effort should be made to schedule follow-up appointments either before or after your regular work day. Your supervisor may be willing to flex work hours (for example, come in early or stay late) as long it doesn't cause overtime for you or another employee. If you can demonstrate that the appointment cannot be scheduled outside regular work hours, the City will allow you one paid hour to attend the appointment. Comp, vacation or sick time can be used for any additional hours. *NOTE: Employees will be compensated for regular work hours spent at City scheduled appointments such as a QME /AME, Functional Capacity Evaluation, or deposition.*
- In some situations, a nurse case manager may join you at your visits. This person will help facilitate your care and provide you assistance with navigating the workers' compensation process. You will be notified if a nurse case manager is assigned to your case. Please inform him/her if you change your appointments.

What about Chiropractic or physical therapy appointments?

If your doctor determines chiropractic, physical therapy, or acupuncture may be of a benefit, you may be referred for these treatments. For injuries on or after January 1, 2021, you are authorized for a maximum of 24 office visits per injury, unless utilization review authorizes additional visits. For injuries that occur on or after January 1, 2021: if you selected a chiropractor as your primary treating physician, after 24 office visits with the chiropractor, you would need to switch your primary treating physician to a medical doctor.

How does Utilization Review work?

Utilization review (UR) is the process to review treatment to determine if it is medically necessary. UR uses medical treatment guidelines set by the state to decide whether or not to approve medical treatment recommended by your doctor. If a recommended treatment isn't in the state approved medical treatment utilizations schedule, the doctor can either choose an approved treatment or the worker can make a written request for an Independent Medical Review (IMR). For more details on utilization review, see the Division of Workers' Compensation Fact Sheet A located at:

https://www.dir.ca.gov/dwc/FactSheets/FactSheet_A.pdf

Prescriptions and Opioids

Effective January 1, 2018, there are new regulations regarding prior authorization, approval, and quantities of medications prescribed by your doctor. Drugs are categorized as either: “exempt drugs” which do not require authorization from UR prior to dispensing drugs consistent with state guidelines, and “non-exempt drugs” which require pre-approval. The majority of medications are “non-exempt drugs” and can be found at: <https://www.dir.ca.gov/dwc/MTUS/MTUS-Formulary-Orders.html>. Due to the pre-approval requirements, employees should request approval on refills from AIMS well in advance of depleting their current medication supply.

How does the worker’s comp claim impact my pay?

For full-time employees (non-sworn Police and Fire):

- Time spent getting medical treatment on the day of the injury should be coded on your timesheet as 3150 OJI Pending. Depending upon the injury or illness, if you are able to return to work following medical treatment, you will only code the time off due to the injury on your timesheet.
- State law stipulates non-sworn employees use their own sick leave time for the first three (3) working days off work due to the injury, unless the employee is off 15 days or more, then the first three days are covered through workers’ comp. However, the City of Clovis will continue the regular salary of full-time employees from the date of injury and does not require employees to use their sick leave for time off during the first three (3) days due to a work related injury or illness.
- Full-time employees who are unable to work due to a work-related injury are considered temporarily disabled and are eligible for 104 total weeks of their salary paid at 2/3 the normal rate. For the first calendar year following the injury date, the City will pay the other 1/3 of the employee’s salary to provide for full pay. Any remaining temporary disability weeks after the first year will be at the 2/3 of salary rate. Temporary disability time will not be provided after five (5) years from the injury date and employees will need to use their own sick, vacation, comp, or other leave balances for workers’ comp related treatments.

For sworn Police and Fire employees:

- Time spent getting medical treatment on the day of the injury should be coded on your timesheet as 3150 OJI Pending. Depending upon the injury or illness, if you are able to return to work following medical treatment the day of the injury, you will only code the time off due to the injury on your timesheet.
- If you are off work and unable to return to work for any period of time, you will be paid your regular salary up to one year from the injury date (also known as 4850 time). There is no waiting period for sworn personnel.
- Following the one-year paid 4850 time noted above, full-time sworn employees who are unable to work due to a work-related injury are considered temporarily disabled and are eligible for an additional 52 weeks of their salary paid at 2/3 the normal rate. Temporary disability will not be provided after five (5) years from the

injury date and employees will need to use their own sick, vacation, comp, or other leave balances for workers' comp related treatments.

What do I put on my timecard as a full-time employee?

- If you are completely off work due to a work related injury or illness, code it as 3150 OJI Pending.
- If you have returned to work in a temporary light duty capacity, code it as 3159 OJI Light Duty.
- Time spent at follow-up doctor appointments, including mental health and physical therapy, are not paid time by the City. Time spent at an OJI appointment is not counted as hours worked for overtime. As usual, the employee shall use their own sick, comp, or vacation time off for an illness or injury that is not work related.
- Starting one year following the date of injury or the exhaustion of temporary disability time, any time off due to the injury should be coded as 2/3 time for 3150 OJI Pending, and the other 1/3 your own sick leave. For example, if you work an 8 hour day, would enter 5.5 hours of 3150 OJI Pending time, and 2.5 hours of 3042 Sick Leave.

What do I put on my timecard as a part-time employee?

- If you are a part-time employee who is completely off work, do not fill in any hours worked on your time sheet. AIMS will calculate your estimated regular hours and pay and will pay you directly for 2/3 your normal salary, following a three-day waiting period.
- If the employee has returned to work in a light duty capacity, enter the hours as normally done.
- Time spent at follow-up doctor appointments, including mental health and physical therapy, are not paid time by the City. Every effort should be made to schedule follow-up appointments either before or after your regular work day. Time spent at an OJI appointment is not counted as hours worked for overtime. As usual, the employee shall use their own sick time or other time off for an illness or injury that is not work related, or on an unpaid status if they exceed their sick leave balance.

What about Fire Personnel 56-hour work week schedule?

- If an injury occurs where a 56-hour work week Fire employee is placed on modified duty that prevents the employee from acting in their normal job duties, the employee will be assigned modified work within their work restrictions, if available, and shifted to a 40-hour work week schedule. However, the 56-hour pay and benefit calculations shall remain from the date of injury until the end of the current payroll period. The employee's time and benefits will then be re-calculated to a 40-hour work week until such time the employee is released to full duty without restrictions.
- Once a Fire employee is released by their doctor to full-duty following an injury, they will return to their 56-hour work week schedule upon successful completion of return to work training. If the training is completed prior to the Personnel Batch Date indicated in the Personnel Batch Schedule, then the 40-hour work week will be converted to 56-hours starting the beginning of the current pay period.

However, if return to work occurs after the Personnel Batch Date, the conversion back to 56-hour work week will occur at the start of the following pay period.

- Example #1: If the Personnel Batch Date is July 9, and the employee is released by doctor on the 5th of July and successfully completes return to work training by the 9th of July, their 56 hour work week will be back dated to July 1st.
- Example #2: If the Personnel Batch Date is July 24 and the employee is released by doctor on the 22th of July and successfully completes return to work training by the 26th of July, their 56-hour work week will begin on August 1.

Am I reimbursed for mileage to doctor appointments?

Employees are required to submit a form to AIMS in order to receive mileage reimbursement for any medical, therapy, and medical legal visits regarding your workers' compensation claim. The forms are provided by your AIMS claims examiner.

What is light duty?

The goal of the workers' compensation program is to get the employee well and back to work. Often, this involves returning the employee to work with restrictions and limitations that are set by the treating physician. The note from the doctor should be very specific about the employee's limitations. Some examples may include limitations to lifting, standing, sitting, climbing stairs, and pushing or pulling, reduced work hours, or a change in the type of work performed. If the City is able to accommodate these work restrictions, you may be assigned to perform a temporary light-duty assignment either within your original department or within a different department in the City. Work restrictions should be updated at subsequent doctor visits. A note to return the employee back to their regular duty should state either no restrictions, or should specify any restrictions.

What happens when I hire an attorney?

You have the right to hire an attorney to represent you in regards to your workers' compensation case. If you are represented by an attorney, your attorney will be communicating with the AIMS and/or City attorneys. City staff will not be able to discuss your case with you directly.

What is "Permanent and Stationary"?

A doctor may determine an employee has reached a status of "Permanent and Stationary" when the employee's condition has reached maximal medical improvement, meaning his or her condition is well stabilized, and unlikely to change substantially in the next year with or without medical treatment.

What is a PR4?

A PR4 is a report completed by the treating physician once the patient has reached permanent and stationary status.

What is a QME and an AME?

A Qualified Medical Evaluator (QME) and an Agreed Medical Evaluator (AME) are third-party, impartial medical professionals who review the medical history and treatment received, evaluate the patient, and assess the claim. It may be to determine other treatment options, or to determine the percentage of disability once a patient has become permanent and stationary. For more detailed information regarding QME's and AME's, see the Division of Workers' Compensation Face Sheet E located at:

https://www.dir.ca.gov/dwc/FactSheets/FactSheet_E.pdf

What if I am unable to return to my job?

The City will meet with you to discuss if any reasonable accommodations can be made that would enable you to perform the essential functions of your job, or to discuss other vacant full-time and part-time positions available, your qualifications related to those positions and whether the positions are within any restrictions you may have. This is called the "interactive process" and could include multiple meetings. If another position for which you qualify is not available, you may be eligible for retirement or disability retirement. If alternate work cannot be offered by the City, you may also be entitled to job displacement benefits. This is a non-transferable \$6,000.00 voucher provided by the State for education-related retraining and/or skill enhancement. This voucher can be used for education, counseling and/or training services. You can take this voucher to a California public school or to a state-certified provider located on the eligible training provider list. If eligible, you will be provided with job displacement benefit information by AIMS

What are Permanent Disability Payments?

Once it has been determined your injury or illness has stabilized and no change is likely to occur, the physician will send a report to AIMS advising them of your level of permanent disability, if any. AIMS will assist you in filing a request for rating from the Disability Evaluation Unit. The amount depends on the physician's report, how much of the permanent disability was directly caused by your work and other factors such as your age, occupation, type of injury and the date of your injury. The minimum and maximum amounts are set by State law. If you are eligible for permanent disability payments, the claims examiner for the AIMS will provide you with a letter explaining the permanent disability rating and how the benefit was calculated. You or the City have a right to contest the rating.

If the rating is acceptable to you and the City, then the City is mandated to pay the award. The amount of the award is usually paid over a set number of weeks or months.

Who do I call if I have questions?

Call Personnel at 559-324-2725 for assistance.

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