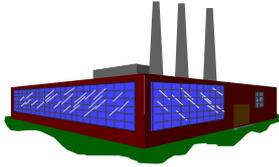




Annual Workplace Safety and Health Conference



Workers' Compensation 101



Texas Department of Insurance

Division of Workers' Compensation (DWC)



DWC
Division of Workers' Compensation
Texas Department of Insurance

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Administrative Items

- Phones/pagers to mute
- Sign-in sheets and CEUs
- Claim confidentiality
- Facilities and breaks
- Handouts



Overview

- **Workers' Compensation (WC) System**
- **Rights and Responsibilities**
- **Workplace Safety**
- **Return to Work**
- **Benefits**
- **Dispute Resolution**
- **Sam Hurtz Case**



What Is Workers' Compensation?

- A state-regulated insurance program that pays medical bills and some lost wages for employees with work-related illnesses and injuries – regardless of fault.
- Social contract between an employer and an employee:
 - Employers receive protection from most lawsuits; and
 - employees receive statutory benefits and access to quick resolution of disputes.
- Not mandatory except for certain governmental entities, educational institutions, and for certain private employers as required by law.
- Texas adopted first workers' compensation laws in 1913.



Workers' Compensation Insurance

- Employers pay premiums to...
- Insurance companies that pay benefits to...
- Injured employees or beneficiaries of employees killed on the job.



Workers' Compensation Insurance

- Certified self-insured employers or group self-insured employers **pay benefits to...**
- Injured or ill employees **or beneficiaries of employees killed on the job.**



Who Is Required to Carry Workers' Compensation Coverage in Texas?

- Texas is the only state that allows any private employer the option to purchase WC insurance.
- Many states require that private employers purchase WC insurance if they have more than a minimal number of employees; others exempt specific industries from coverage requirement.
- Governmental entities in Texas (e.g., the state and political subdivisions) and employers that want to contract with governmental entities are required to have workers' compensation coverage.



Act vs. TDI-DWC Rules

- Act provides the basic framework for the system.
- Rules provide clarification or specific direction.



Division of Workers' Compensation (TDI-DWC)

- Governed by the Commissioner of Workers' Compensation (Ryan Brannan) appointed by the governor
- Central office located in Austin, with field offices throughout the state, which handle:
 - dispute resolution proceedings,
 - official actions on claims, and
 - customer assistance.



TDI-DWC Responsibilities

- General administration/rulemaking
- Enforcement
- Workplace safety
- Healthcare policy
- Return to work
- Dispute resolution
- Self-insurance regulation



Employee Rights and Responsibilities



Employee Rights

- Right to hire an attorney.
- Right to Office of Injured Employee Counsel (OIEC) services if no attorney is hired.
- Right to receive income benefits.
- Right to receive reasonable and necessary medical care to treat work-related injury or illness.



Employee Rights

- Right to dispute resolution regarding income and medical benefits.
- Right to initial choice of doctor.
- Right to confidentiality.



Employee Responsibilities

- Tell employer about injury or illness.
- Complete and send claim form to the DWC.
- Know if claim is in a workers' compensation network, or if the employer is a political subdivision, find out how to receive medical treatment.
- Tell DWC and insurance carrier whenever income or employment changes.



Employee Responsibilities

- Tell doctor how injury occurred and if work-related.
- Tell TDI-DWC and insurance carrier how to contact them.



Employer Rights and Responsibilities



Employer Rights

- Right to contest compensability if the insurance carrier accepts liability.
- Right to attend dispute resolution proceedings related to an employee's claim.
- Right to present relevant evidence at dispute proceedings.
- Right to report suspected fraud.



Employer Rights

- To be notified of a proposal to settle, or of any administrative or judicial proceeding (after making a written request to the insurance carrier).
- To contest the failure of an insurance carrier to provide accident prevention services.
- Return-to-work coordination services from the insurance carrier.



Employer Responsibilities

- Employers must tell employees whether they have WC insurance.
- Notices must be posted in the workplace.
- Written notice must be given to each new employee.



Employer Responsibilities

- Employers must notify DWC annually whether or not they choose to carry WC insurance.
- May not charge employees WC premiums directly or indirectly.



Reporting Responsibilities

Report to the insurance carrier within eight days of the date:

- Of a work-related injury that causes an employee to miss more than one day of work, **or**
- of a work-related fatality, **or**
- the employer learns an employee has an occupational illness even if employee hasn't missed work.



Employer Reporting Responsibilities

- When injury is required to be reported to the insurance carrier, employer gives the employee:
 - **copy of first report of injury**
 - **copy of Employee Rights & Responsibilities handout**
- Report to the insurance carrier any changes in an injured employee's pay or employment.



Employer Reporting Responsibilities

- Employers must notify employees if:
 - **Employer drops or loses coverage.**
 - **Employer obtains coverage.**
- Employers have 15 days from the change to notify employees in writing.



Record Keeping

- Employers must keep a record of all employee injuries.
- Records must be kept for five years or the length of time required by the Occupational Safety and Health Administration (OSHA), whichever is longer.



Workplace Safety



Direct Cost of Injuries

- Medical and wage replacement costs
- Increased insurance premiums
- Damage to buildings, tools, equipment, products, and materials
- Production delays and interruptions
- Legal expenses
- Emergency supplies
- Interim equipment rental



Indirect Cost of Injuries

- Hiring and/or training costs for new/replacement workers
- Production disruption and delays
- Investigation time
- Extra supervisory/clerical time
- Overtime



Unknown Cost of Injuries

- Human tragedy
- Employee morale
- Business reputation



Implement an Effective Accident-Prevention Plan

Should include these seven components:

- Management commitment
- Safety analysis
- Recordkeeping
- Inspections
- Accident investigation
- Training
- Plan review and revision



Help from Your Insurance Carrier

- Your workers' compensation insurance company can provide you with accident prevention services based on the nature of your operations, including:
 - surveys
 - recommendations
 - training programs
 - consultations
 - analysis of accident causes
 - industrial hygiene
 - industrial health services



Affordable DWC Safety Training

- Regional safety summits
- Custom on-site training
- Annual Workplace Safety and Health Conference, The Texas Safety Summit



Contact DWC's Workplace Safety Program

1-800-687-7080

healthsafety@tdi.texas.gov

<http://www.tdi.texas.gov/wc/safety/index.html>



Return to Work (RTW)



What is Return to Work?

Your **trained and experienced** employee continues to do productive work for your business while recovering from their injury.



Why RTW Is Important to Employers

- Maintain trained workforce
- Manage absences
- Pay wages for beneficial work
- Reduce workers' compensation costs
- Reduce related business costs
- Maintain production and quality standards



Why RTW Is Important to Employees

- Retain employment-related benefits
- Retain job skills
- Avoid secondary complications
- Prevent de-conditioning
- More likely to retain employment



Identifying Work Assignments

- Medically appropriate
- Productive
- Permanent changes
- Temporary and/or transitional
- FMLA and ADA considerations



Work Assignments

- The doctor provides the work status report identifying what the employee can and cannot do while they are recovering.
- Identify tasks, functions, and duties the injured employee can continue to do that they either:
 - can learn to do, or
 - already know how to do.



Where to Look:

- Employee's regular job
- Trade jobs and cross train
- Fill in for absences
- What needs to be done
- Part-time and reduced capacity



Bona Fide Offer of Employment

- Includes:
 - Copy of work status report on which the offer is based.
 - Location at which the employee will be working.
 - Schedule the employee will be working.
 - Wages the employee will be paid.
 - Description of the physical and time requirements of the position.
 - Statement that the employer will only assign tasks consistent with the employee's work abilities and will provide training if necessary.



Return-to-Work Education and Information

512-804-4683 or 804-5000

Pat.Crawford@tdi.texas.gov



Disability Management



Purpose of Disability Management

Optimizes health care and return-to-work outcomes for injured employees through the use of treatment and return-to-work guidelines for network and non-network claims.



Disability Management Goals

- Promote evidence-based medical care.
- Ensure appropriate medical treatment.
- Facilitate communication among system participants.



A Safe and Appropriate Return-to-Work Goal

The insurance carrier, health care provider, injured employee and employer are encouraged to participate in developing a plan that helps the injured employee achieve this expectation through improved communication.



Return-to-Work Guidelines

- *MDGuidelines (MDG)*, excluding sections and tables relating to rehabilitation for non-network claims.
- Workers' compensation health care networks can choose to use *MDG* or other evidenced-based guidelines.
- Provide expected length of disability duration.
- Indicate points in time when additional evaluation and communication between stakeholders should occur.



Treatment Guidelines

- The Official Disability Guidelines (ODG), excluding the return-to-work pathways, shall be used for non-network claims.
- Workers' compensation health care networks can choose to use ODG or use other evidence-based guidelines.
- Provides a list of diagnoses.
- Indicates the corresponding medical treatment.



Disability Management



The key to successful disability management is effective communication among the injured employee, treating doctor, employer, and the insurance carrier.



Selecting a Treating Doctor



When an Injury Occurs

- Employee may be taken to the emergency room for treatment, **or**
- employee may be taken or directed to an industrial or “company” doctor for treatment, **or**
- employee may seek treatment from any doctor of their choice or from the list of doctors provided by their WC health care network if enrolled in a network.



Non-Network Selection of Treating Doctor

- In Texas, an injured employee has the right to select his or her own treating doctor from any doctor who is willing to treat them, as long as the doctor was not specifically removed from the WC system.
- An employee may request to change their treating doctor; subject to approval by the DWC.



Network Selection of Treating Doctor

- An injured employee must live in the network's service area and be provided a notice of the network's requirements, otherwise the employee is exempted from network participation.
- Injured employees must choose a treating doctor from the network's list and may change treating doctors once without the network's approval – subsequent changes of doctor require network approval.



What are Workers' Compensation Health Care Networks?

Organizations that are:

- Formed to provide health care services to injured employees.
- Certified in accordance with Insurance Code Chapter 1305 and related rules.
- Established by, or contracted with, an insurance carrier (includes a certified self-insured employer).



Benefits



Workers' Compensation Will Provide Benefits if:

- The injury or occupational disease occurred in the course and scope of employment, and
- the employer has workers' compensation coverage.



Two General Types of Benefits Available to Injured Employees:

- Medical Benefits
- Income Benefits



Medical Benefits

- Reasonable and necessary medical care needed to treat work-related injury or illness.
- Employer's workers' compensation insurance carrier pays medical benefits directly to the health-care provider.
- Goal is for employee to heal, return to work.



How Are Medical Benefits Paid in Texas?

- Insurance carriers must pay for any medical care that is “reasonable and necessary” to treat a work-related injury or illness, no time or dollar limits (also known as “lifetime medical”).
- “Reasonable and necessary” medical care is decided on a case-by-case basis by the insurance carrier, or in the case of a medical dispute, by an independent review organization (IRO).
- For non-network claims, medical provided in accordance with DWC’s adopted treatment guidelines – the ODG, published by the Work Loss Institute – is presumed reasonable by statute.



How Are Medical Benefits Paid in Texas?

- Medical benefits are paid on a “fee-for-service” basis in Texas.
 - Health care providers submit bills and receive payment for each service they deliver to injured employees.
 - No co-payments, deductibles, or co-insurance arrangements allowed in workers’ compensation.
- Insurance carriers must pay medical bills according to the DWC medical fee guidelines, which dictates the exact payment amount for individual services.
 - Pharmacy, Durable Medical Equipment (DME), and home health services may be paid at a contractual rate.



How Are Medical Benefits Paid in Texas?

- A doctor or health care provider may not bill an injured employee for treating a work-related injury or illness.
- However, if an injured employee has been enrolled into a certified WC health care network and seeks health care from non-network health care providers without the network’s approval, then the employee may be liable for the cost of that health care.



Income Benefits

Replace a portion of wages lost from work-related injury or illness.



What Is Disability?

The inability, due to compensable injury, to obtain and/or retain employment at wages equivalent to the pre-injury wage.



Average Weekly Wage (AWW)

- Determines the amount of income benefits.
- Based on the total wages earned in the 13 weeks prior to the injury.
- Also includes fringe benefits, such as health insurance.
- Reported by employer via wage statement.



Wage Statement

- When does a wage statement need to be filed with the insurance carrier?
 - **Within 30 days of date income benefits begin to accrue.**
- When does a wage statement need to be filed with the DWC?
 - **Within seven days of receiving a request from DWC.**



Wage Statement

- Weeks can be adjusted by a few days to match employer pay periods – cannot be adjusted more than one week.
- Include all figures for fringe benefits and whether they will be continued.
- Multiple employment is considered.



Types of Benefits

- Temporary income benefits (*TIBs*)
- Impairment income benefits (*IIBs*)
- Supplemental income benefits (*SIBs*)
- Lifetime income benefits (*LIBs*)
- Death benefits
- Burial benefits



Three Common Stages of Income Benefits



(Illustration of stages of income benefits if injured or ill employee meets all the entitlement criteria for the different types of income benefits.)



Important Notes about the Limits on Income Benefits in Texas:

- Weekly benefits of all types are capped (historically, based on the State Average Weekly Wage).
- By law, all eligibility to receive income benefits (except LIBs and Death Benefits) ends 401 weeks (approximately 8 years) from the date of injury.
- If the employee has an occupational illness, eligibility ends 401 weeks from the date the employee first became eligible to receive income benefits.



Temporary Income Benefits (TIBs)

- Paid during the period of temporary disability while the employee is recovering from a work-related injury.
- TIBs are paid weekly and equal 70 percent of the difference between employee's average weekly wage and the weekly wage after the injury.
- An injured employee becomes eligible for TIBs on the eighth day of disability.
- Benefits are not paid for the first week of lost wages unless disability lasts for two weeks or more.



Temporary Income Benefits (TIBs)

- Entitlement to TIBs ends at the earlier of:
 - The date the employee returns to work at wages equivalent to pre-injury wages, or
 - the date the employee reaches maximum medical improvement (MMI).



Temporary Income Benefits (TIBs)

- May receive these benefits if injury or illness causes loss of some or all of income for more than 7 days.
- Paid if worker has disability and has not reached maximum medical improvement (**MMI**).

(Pre-injury AWW* - post injury earnings) X 70% or 75%

= TIBs Rate

* Average weekly wage



Payment of TIBs

- First payment due on 15th day after notice.
- If no wage statement received, rate must be based on DWC Form-001.
- After receipt of completed wage statement, benefits are adjusted.
- End upon return to work at AWW or MMI.



Maximum Medical Improvement

- Maximum Medical Improvement (MMI) is reached:
 - When the employee is certified by a doctor as being not likely to have further material recovery from the injury (clinical);
 - at the expiration of 104 weeks from the date income benefits began to accrue, if the employee has not previously reached clinical MMI (statutory); or
 - as determined by the DWC when the employee has had, or has been approved for, spinal surgery within 12 weeks of the expiration of 104 weeks and has not been previously determined to be at clinical MMI.



What MMI *DOES NOT* Mean

That an injured employee:

- is free from pain,
- needs additional medical treatment, or
- can return to work.



Impairment Ratings (IR)

- Assigned by doctor upon certification of MMI to reflect extent of permanent damage.
- Shown as percentage of permanent impairment to the whole body.
- Based on *American Medical Association Guides to the Evaluation of Permanent Impairment*, 4th Edition.



Designated Doctor Selection

- Selected by DWC to make certain determinations:
 - **MMI / IR**
 - **Extent of injury**
 - **Disability**
 - **Return-to-work status**
- Require special training and must be neutral.
- Their determinations are given presumptive weight by law.
- Parties must meet a special burden to overcome their findings in a dispute.



Impairment Income Benefits (IIBs)

- Paid to injured employees for permanent impairment as a result of a work-related injury.
- Employees may receive IIBs once TIBs have ended; however, employees may receive IIBs (unlike TIBs) while back at work.
- IIBs are paid weekly and are equal to 70 percent of the employee's average weekly wage.
- An injured employee becomes eligible for IIBs the day after the employee reaches maximum medical improvement (MMI).



Impairment Income Benefits (IIBs)

- IIBs are calculated based on the injured employee's impairment rating, which is assigned by a doctor using the *American Medical Association Guides to the Evaluation of Permanent Impairment*, 4th Edition.
- Employees receive three weeks of IIBs for every percentage point of impairment assigned.
 - For example, if an injured employee has an impairment rating of 6 percent, the employee would receive 18 weeks of impairment income benefits.



Impairment Income Benefits

- Three weeks of IIBs due for each whole body percent of impairment
- Pre-injury AWW* X 70% = IIBs Rate

* Average weekly wage



Supplemental Income Benefits (SIBs)

- Paid to certain injured employees for ongoing disability after IIBs have been exhausted.
- Paid based on 80 percent of the difference between 80 percent of the injured employee's pre- and post-injury wages.



Supplemental Income Benefits (SIBs)

- Entitlement determination – Quarterly
- Initial determination – DWC
- Subsequent determinations – insurance carrier
- Qualifying period justifies entitlement
- Paid monthly instead of weekly



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Supplemental Income Benefit Qualifying Criteria

Employee may qualify if:

- Impairment rating is 15 percent or greater.
- IIBs not paid in lump sum.
- Remains unemployed or underemployed because of impairment from injury.
- Met specific work search requirements based on Texas Workforce Commission standards OR is actively participating in a vocational rehabilitation program.



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Lifetime Income Benefits (LIBs)

- These benefits are paid for the life of the injured employee for specific catastrophic injuries as set out in Section 408.161 of the Texas Labor Code.
 - Total and permanent loss of sight in both eyes;
 - loss of use of both feet or hands or loss of use of one foot and one hand;
 - an injury to the spine that results in permanent and complete paralysis of both arms, both legs, or one arm and one leg;
 - a physically traumatic injury to the brain resulting in incurable insanity or imbecility; or
 - third-degree burns that cover at least 40 percent of the body and require grafting, or third degree burns covering the majority of either both hands or one hand and the face.



Lifetime Income Benefits (LIBs)

- LIBs are paid weekly, monthly, or by annuity and equal 75 percent of the employee's average weekly wage, with a 3 percent cost of living increase each year.
- An injured employee becomes eligible for LIBs whenever a work-related injury or illness causes the employee to meet the conditions specified in Section 408.161 of the Texas Labor Code.



Death Benefits

- Death benefits replace a portion of lost family income for the eligible family members of employees killed on the job.
- A family member may get death benefits if:
 - The family member is the spouse, dependent child or grandchild, or another eligible family member of an employee killed on the job.
 - If no other eligible beneficiaries, then benefits may be paid to non-dependent parents.



Death Benefits

- The length of time a family member may receive death benefits depends on the family member's relationship to the employee (see Section 408.183 of the Texas Labor Code for eligibility requirements).
- Death benefits equal 75 percent of the deceased employee's average weekly wage.
- If no eligible beneficiaries, payments are made into the Subsequent Injury Fund (SIF) – maximum of 364 weeks of death benefits paid into the SIF.



Burial Benefits

- Burial benefits pay up to \$10,000 of the deceased employee's funeral expenses.
- Burial benefits are paid to the person who paid the funeral expenses.



Dispute Resolution



Role of Customer Assistance

- Education
- Problem Solving



Dispute Resolution Goal

To resolve the dispute at the lowest level without a proceeding.



Dispute Resolution Processes

- Medical Dispute Resolution
- Income Benefit Dispute Resolution



Medical Dispute Resolution

- Preauthorization and medical Necessity disputes
 - Submitted on TDI form LHL009
- Medical fee disputes
 - Submitted on DWC Form-060



How Are Medical Fee Disputes Handled in Texas?

- **Non-network:** Disputes regarding the fee for a particular non-network medical service are handled internally by DWC staff. Non-network fee dispute decisions can be appealed to a benefit review conference and then to the State Office of Administrative Hearings (SOAH). SOAH decisions can be appealed to district court.
- **Network:** Fee disputes are handled through the network's complaint resolution process. Health care providers may also file a complaint with TDI.



How Are Medical Necessity Disputes Handled in Texas?

- **Non-Network and Network:** Disputes regarding the prospective or retrospective denial of medical care are reviewed by independent review organizations (IROs), which are independent panels of doctors who also review group health disputes in Texas.
- IRO decisions can be appealed to a DWC Contested Case Hearing and then to district court.



Common Types of Income Benefit Disputes

- Compensability
- Extent of Injury
- Disability and Return to Work
- MMI/IR
- SIBs



Dispute Resolution Process

- Informal Dispute Resolution
- Benefit Review Conference (BRC)
- Contested Case Hearing
- Review by Appeals Panel
- Judicial Review



Informal Dispute Resolution

- Dispute resolution begins once DWC learns a dispute exists and refers to the Office of Injured Employee Counsel (OIEC).
- The party requesting a benefit review conference must have supporting documentation.



Agreements

- Resolve disputed issues.
- Secure the rights of all parties.
- Are binding on both parties.
- Prevent disputes from resurfacing.
- Provide foundation for resolving other disputed issues.



Benefit Review Conferences

- Informal conferences basically designed to mediate and resolve disputes.
- Identify disputed issues or information needed to resolve disputes.
- Benefit review officer is an impartial individual trained to help parties resolve disputes.
- Two BRCs per disputed issue (max.).



Benefit Contested Case Hearings

- Formal hearings in which evidence is presented and testimony is taken.
- Hearing officers issue written decisions on disputed issues.



Appeals Panel

- Three judges assigned to each panel to review appeals of decisions.
- Review is limited to the evidence admitted during the benefit contested case hearing.
- The hearing officer's decision is allowed to become final or reversed, remanded, or a combination of these actions.



Judicial Review

- Must be filed simultaneously with the court, DWC, and served to any opposing party.
- The court's decision must take into account the appeals panel decision on each dispute issue.



Office of Injured Employee Counsel (OIEC)



Office of Injured Employee Counsel (OIEC)

- Comments on proposed rules for injured employees as a class
- Administers the ombudsman program
 - Assist un-represented injured employees or beneficiaries in a fatal claim.
 - Explain the dispute resolution process and prepare them for the upcoming proceeding.
 - Assist injured employees at proceedings.



OIEC Ombudsman Program

- Ombudsmen assist, attorneys represent.
- Ombudsmen do not give advice, make decisions, or sign agreements.



When an Injury Occurs: The Case of Sam Hurtz



Day 1

- Sam slips off a ladder and falls, injuring his lower back.



What Must Sam Do?

- Notify employer within 30 days.
- Select a treating doctor, inform doctor how injury occurred.
- File with DWC within a year.
- Keep in touch with the employer and the insurance company.



What Must an Employer Do?

- Investigate accident, remove safety hazard.
- Keep record of injury, notify insurance carrier if more than one day of work lost.
- Give Sam a written copy of report of injury with a summary of rights and responsibilities.
- Provide insurance carrier a wage statement if Sam loses more than seven days of work.



What Must the Insurance Carrier Do?

- Create and maintain a record of each notice of injury.
- Electronically submit the first report to the DWC.
- Pay or dispute Sam's claim, as determined by the insurance carrier's investigation.



What Must the Treating Doctor Do?

- Make initial diagnosis.
- Treat the work-related injury.
- Assess work status initially and whenever medical condition changes.
- For non-network claims apply the *ODG* (treatment) and *MDG* (Return to Work) guidelines.



What Must the Treating Doctor Do?

- Document treatment and show medical necessity; request preauthorization for specified treatments.
- Manage all care and referrals.
- Certify MMI and impairment when appropriate.



What Does DWC Do?

- Creates a record of each reportable injury.
- Sends initial contact letter
 - **Inform the employee that we have received the notice of injury / illness.**
 - **Provides educational material on early return to work.**
 - **Explains basic role of DWC.**
 - **Encourages filing of the DWC Form-041.**
 - **Explains basic rights under the Act.**



What Is Sam's TIB Rate?

Sam makes less than \$10.00 an hour
and his average weekly wage is

\$150.00

$$\$150 \times \underline{\quad} \% = \$$$



Sam Hurtz Is Released to Modified Regular Duty / Alternate Work Assignment

- Treating doctor identifies what Sam can do and specific restrictions.
- Gives copy of DWC Form-073 to Sam and sends copy to insurance carrier and employer within two days of visit.



Sam Hurtz Is Released to Modified Regular Duty / Alternate Work Assignment

- Employer offers work that will accommodate Sam's duty restrictions.
- Sam accepts offer.
- Insurance carrier makes sure that this is a bona fide job offer.
- Sam returns to work.



Sam's MMI and IR

Sam's treating doctor certifies Sam has reached maximum medical improvement (MMI) and assigns an impairment rating (IR).



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Sam's Impairment Rating

- Sam is assigned a 6 percent impairment rating.
- How many weeks of IIBs is Sam entitled to?
- What do you think of this outcome?



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On the Other Hand...

- Sam undergoes spinal surgery.
- Sam's disability seems to never end.
- What options does the insurance carrier have?



Sam Goes to a Designated Doctor

- What kind of doctor is selected?
- Doctor certifies Sam has reached MMI.
- Sam is assigned a 15 percent impairment rating.
- What additional payments may Sam be eligible for?



Impact to Sam's Life

- How are Sam's income benefits affected?
- How is Sam's work status affected?
- What must Sam do to qualify for SIBs?
- AND what is the impact on the workers' compensation system?



Recap of Sam's Claim

- Scenario # 1 – 80 percent of claims
- Scenario # 2 – 20 percent of claims

Keys to success:

- Communication
- Strong safety and RTW programs
- Department of Assistive and Rehabilitative Services (DARS) referral
- Sound claims management



REVIEW

- **Workers' Compensation System**
- **Rights and Responsibilities**
- **Workplace Safety**
- **Return to Work**
- **Benefits**
- **Dispute Resolution**
- **Sam Hurtz**



TDI-DWC Field Offices

- Abilene
- Amarillo
- Austin
- Beaumont
- Corpus Christi
- Dallas
- Denton
- El Paso
- Fort Worth
- Houston East
- Houston West
- Laredo
- Lubbock
- Lufkin
- Midland
- San Angelo
- San Antonio
- Tyler
- Waco
- Weslaco



