



RESOURCE GUIDE FOR CAMPUS WORKERS COMPENSATION COORDINATORS 2025



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Resource Guide for Campus Workers' Compensation Coordinators

Introduction

The purpose of this guide is to provide campus personnel who handle workers' compensation claim reporting a reference manual that will provide an overview of Workers' Compensation laws and regulations, benefits, claims administration, the role of the employer in the WC claim process.

The WC Claims program at the California State University is one component of the California State University Risk Management Authority Joint Powers Authority risk pool. As will be outlined further in this manual, the California State University's WC claims are administered by a Third Party Administrator. The campus WC Coordinator is an integral partner in the WC claims process. Good communication with the employee, department and claims adjuster is essential to a successful WC program at the campus level.

In addition to your claims examiner, the CSU offers support to the WC Claim Coordinators from a Claims Consultant employed by the CSURMA Program Administrator. This consultant is available to answer questions and provide advice on WC claims issues. The consultant holds monthly WC Coordinator conference calls on the second Tuesday of each month to address WC related issues for the campuses.

The Office of Risk Management at the Chancellor's office is also available to consult on campus WC issues. We hope that you will find this manual of benefit to you in managing the WC Program at your campus.



What is CSURMA? – CSURMA EXECUTIVE SUMMARY

Mission Statement

The California State University Risk Management Authority (CSURMA) is a joint authority composed of CSU and its Auxiliary Organizations jointed to protect member resources by providing board coverage and quality risk management services that stabilize risk cost in a reliable, economical and beneficial manner.

History of CSU

The Chancellor's Office staff and representatives of Auxiliary Organizations within the CSU have been developing a systematic approach to managing risk exposures now prevalent across CSU campuses.

One avenue of reform has been to restructure the overall risk management program on a more collaborative basis. Special legislation was obtained to permit both the CSU as a state agency and Auxiliary Organizations as separate nonprofit corporations, to create a quasi-public entity to establish and perform pooled group insurance and related risk management functions for the benefit of all who elect to join the new entity and to participate therein.

On January 1, 1997, the CSURMA was formed by the CSU and those qualified Auxiliary Organizations that opted to join with intentions to participate in the risk management programs to be offered by the Authority.

The CSURMA presently has several risk management programs in effect including the Pooled Liability Program, the Pooled Workers' Compensation Program, the IDL/NDL/UI Program, the Property Program, the Athletic Injury Medical Expense (AIME) Program and the Auxiliary Organizations Risk Management Alliance (AORMA).

The first three programs are designed for participation by CSU campuses, the Property and the AIME programs are designed for both campus and Auxiliary Organization participation, and the latter program for participation by only the Auxiliary Organizations.

One of the primary goals of the CSURMA is to develop a forum for the CSU and the Auxiliary Organizations to develop strategies that streamline and integrate the risk management practices of the CSU system.



CSURMA Worker's Compensation Overview

Workers' compensation is the nation's oldest social insurance program. It was made mandatory in California pursuant to the Boynton act of 1913. The California workers' compensation system is based on a trade-off agreement between employers and employees where employees receive prompt, fixed medical and indemnity benefits for work related injuries without regard to fault, and in exchange are not allowed to sue their employer for the injury.

The premise behind the WC system in California is that the employer should provide protection to employees by way of a safe work environment as a cost of doing business.

In California, there are several ways in which an employer may meet its obligation to provide WC coverage for their employees.

An employer may purchase an insurance policy to cover the WC exposure and provide benefits to its employees. In California, there are private insurance carriers available to meet this need as well as the State Compensation Insurance Fund.

Employers may also choose to become self-insured, where the employer must meet certain financial and reporting requirements set by the State and post a bond for the potential losses.

Self-Insured employers may elect to use a Third Party Administer to provide claims benefit administration on their behalf or they can be Self-Administered by using their own employees to provide the claims administration.

The CSU is unique in that as a State agency they have created a risk pool for their insurance needs, WC among these risks. The claims administration is provided by a Third Party Administrator, Sedgwick.



Basic Workers' Compensation

Who is covered for WC?

All CSU employees are covered for injuries that arise out of and occur during the course and scope of their jobs with the University.

This includes all full and part time employees that receive a wage in exchange for work performed under the direction and control of the CSU.

Volunteers and students under very select circumstances may also be considered an "employee" for purposes of WC coverage in the event of an injury.



CSU Volunteers and WC

Volunteers may be covered under WC under specific situations at the CSU.

Please see HR memo July 10, 2015 regarding Volunteer Policy for detailed information.

<https://calstate.policystat.com/policy/6849275/latest/>

Within this document are links to the University Volunteer Handbook created by the Office of General Counsel which is an excellent resource for understanding CSU's position on University Volunteers.

The following excerpt from the manual provides an overview on WC at CSU for injured volunteers:

THE STATE GOVERNMENT VOLUNTEERS ACT

The California State Government Volunteers Act, Cal. Gov't Code §§ 3110 *et seq.*, sets out some general parameters that define the State's relationship to those who volunteer on its behalf. The Act defines a volunteer as

"any person who, of his own free will, provides goods or services, without any financial gain, to any state agency." Cal. Gov't Code § 3111(a).

The Act requires that volunteers comply with the rules and regulations applicable to the public agency for which they volunteer and places responsibility on the agency to ensure that they do so. Cal. Gov't Code § 3118.

Underscoring the responsibility of public agencies such as the CSU to ensure the appropriate behavior and conduct of their volunteers, the Act mandates that agencies promulgate rules for volunteers and ensure that they understand their duties:

"Each state department or division utilizing the services of volunteers shall:

(a) Provide sufficient staff for the effective management and development of volunteer programs.

(b) Develop written rules governing job descriptions, recruitments, screening, training, responsibility, utilization, supervision, and insurance of volunteers.

(c) Take such actions as are necessary to insure that volunteers understand their duties and responsibilities. "Cal. Gov't Code §3119.

III. WHEN VOLUNTEERS ARE INJURED

When volunteers are injured while performing service for the university, an important question is whether they will be covered by the workers' compensation laws, which provide medical coverage for the injury and limit the amount of recovery that is otherwise available. The balance struck by the legislature in enacting the workers' compensation statutory scheme was to benefit the employee by creating a no fault system of recovery, and to benefit the employer by limiting the amount of recovery available to a much greater extent than would be available under the tort system of recovery. Most often, it is in the university's interest to have its volunteers come under the workers' compensation laws. Although a fault inquiry is eliminated, the individual's recovery is less than would be available in traditional litigation.

The definition of who qualifies as an employee under the workers' compensation law is extremely broad. It includes

"Every person in the service of an employer under any appointment or contract of hire or apprenticeship, express or implied, oral or written, whether lawfully or unlawfully employed ..." Cal. Labor Code § 3351.

This definition specifically extends to minors. *Id.*

Individuals who receive "no remuneration for [their] services other than meals, transportation, or reimbursement for incidental expenses" (*i.e.*, volunteers) are generally excluded from the definition and therefore not covered by the workers' compensation law. Cal. Labor Code § 3352(i). However, the Labor Code allows the governing board of a public agency to adopt a resolution declaring its volunteers to be employees for purposes of workers' compensation coverage. Cal. Labor Code § 3363.5. The CSU passed such a resolution in November 2000, UFP 11-04-00:

*COMMITTEE ON UNIVERSITY AND FACULTY PERSONNEL Workers' Compensation and CSU Volunteers (UFP 11-04-00) RESOLVED, By the Board of Trustees of The California State University, that CSU volunteers, **while performing services for the CSU**, are defined as employees for purposes of workers' compensation coverage.*

As a result, CSU volunteers are covered under workers' compensation laws when they are injured during the course of providing a service for the CSU. If there is a question concerning whether or not injuries occurred during the course of volunteer services, University Counsel should be consulted.



Student and Workers' Compensation

Student that perform work as a part of their required practical learning programs in the Allied Health fields or in Education will be considered volunteers for purposes of WC coverage if the institution where they are doing field work does not cover CSU students as a part of the placement agreement. The placement agreement should always be reviewed to determine if WC coverage is provided by the CSU or the institution where the field work is taking place.

The following is taken from a memorandum dated April 21, 2009 from Daniel Howell addressing Workers' Compensation Coverage for Students:

Effective December 1, 1995 the CSURMA Workers' Compensation Program automatically covers all CSU designated volunteers providing a service to the University. CSURMA also provides Workers' Compensation coverage during field work for all registered CSU students who are pursuing a professional credential in Health (including Nursing and Allied Health) and/or in Education (including Teaching), provided there exists a written agreement between the University and the affiliate organization ("host institution") requiring such students to be covered by the University for Workers' Compensation while participating in the affiliate organization's clinical training program.

Sedgwick serves as the CSU's claims administrator for all Workers' Compensation claims. Therefore, any claim from student volunteers or students in clinical training programs should be processed in the same manner as for a CSU employee.

Please note, however, some clinical training agreements with hospitals or school districts may require the University to cover those organizations as "Additional Insured". Although Workers' Compensation coverage for the students is automatic if the University is not successful in having the host institution delete the requirement for Workers' Compensation for students, "Additional Insured" status is not automatic. A copy of any agreement requiring the University to name a third party as Additional Insured must be sent to the Program Administrators for review and issuance of coverage endorsements as appropriate.

If you have any questions, please call Zachary Gifford (562- 951-4568) or Amy Lightner (415) 403-1457, and email a copy of the agreement to zgifford@calstate.edu and Amy.Lightner@alliant.com for review.



With respect to Service Learning Agreements, CSU Executive Order 1069 describes *that the placement agreement shall specify the minimum insurance requirements of the parties.*

See http://www.calstate.edu/cce/resource_center/servlearn_risk.shtml Center for Community Engagement site. This provides links and a wealth of information on the Managing of Risk in Service learning.

- [Managing Risk in Service Learning: 2001-present](#)
- [CSU's Resource Guide for Managing Risk in Service Learning](#)
- [Frequently Asked Questions](#)
- [Risk Management in the CSU](#)
- [Campus Risk Management Resources](#)



Presumptions of Injury for Safety Officers at the CSU

The labor code allows various law enforcement officers, CSU officers among them, certain disabling conditions to be presumed resultant from a work related injury. The particular Labor Code Sections 3212 – 3213 describe those presumptions that are available to Safety Officers at the CSU.

The CSU Safety Officers are defined under Penal Code section 830.2 (c)

Blood Borne Infectious Diseases and Biochemical (Anthrax, weapons of mass destruction) are presumed for CSU Safety Officers.

PTSD as described under labor code 3212.15 is a presumption is disputable and may be controverted by other evidence, but unless so controverted, the appeals board is bound to find in accordance with the presumption.

While many safety officers have presumptions for Hernia, Tuberculosis, Cancer, Duty Belt/Low Back, Meningitis, and Lyme Disease, these presumptions are not presumed for the CSU Safety Officer.

There have been a number of case decisions that have concluded that CSU Safety Officers do not qualify for the heart presumption. As the Heart and pneumonia presumptions are tied by statute, it would appear that the pneumonia presumption also does not apply.

Presumption alleged cases should be carefully reviewed with defense counsel, the WC claims consultant and the Chancellor's Office before a decision that the disabling condition is presumed to be result of the work of a CSU Safety Officer.



EIDL – Enhanced IDL for CSU Safety Officers Unit 8 (SUPA)

CSU Unit Safety Officers are entitled to Enhanced Industrial Disability Leave (EIDL) pursuant to Labor Code 4816.

4816. Pursuant to a collective bargaining agreement applicable to members of the California State University Police Department, whenever any member of that police department falling within the "law enforcement" class is disabled by injury or illness arising out of and in the course of his or her duties, he or she shall become entitled, regardless of his or her period of service with the police department, to enhanced industrial disability leave equivalent to the injured employee's net take home salary on the date of occurrence of the injury. For the purposes of this section, "net take home salary" means the amount of salary received after federal income tax, state income tax, and the employee's retirement contribution has been deducted from the employee's gross salary, in lieu of disability payments under this chapter, for a period of not exceeding one year. No benefits shall be paid under this section for any psychiatric disability or any physical disability arising from a psychiatric injury.

This section shall apply only to members of the California State University Police Department whose principal duties consist of active law enforcement, and shall not apply to persons employed in the California State University Police Department whose principal duties are those of telephone operator, clerk, stenographer, machinist, mechanic, or otherwise clearly not falling within the scope of active law enforcement service, even though the person is subject to occasional call or is occasionally called upon to perform duties within the scope of active law enforcement service.

Enhanced Industrial Disability Leave

- The EIDL benefit will be equivalent to the injured employee's net take home salary on the date of occurrence of the injury.
- EIDL eligibility and benefits may continue for no longer than one (1) year after the date of occurrence of the injury.
- For the purposes of this EIDL section, “net take home salary” is defined as the amount of salary received after federal income tax, state income tax, Social Security/Medicare Taxes, and employee's retirement contribution has been deducted from the employee's gross salary.
- The EIDL benefit does not apply to presumptive, stress-related disabilities, any psychiatric disability, or any physical disability arising from a psychiatric injury.
- The final decisions as to whether an employee is eligible for, or continues to be eligible for EIDL, shall rest with the Employer. The Employer may periodically review the employee's condition by any means necessary to determine an employee's eligibility for EIDL.
- The injury or illness meets the terms and conditions of the CSU-SUPA MOU and the policies and procedures outlined in the *Industrial Disability Leave Program Administrative Guide – Revised March 2017*
- Other existing rules regarding the administration of IDL will be followed in the administration of EIDL.
- EIDL weeks count toward the TD cap
- If the employee has not received 52 weeks of EIDL, they may utilize IDL to reach the 52 week cap, provided the disability meets the IDL requirements

When is an injury Compensable under California WC?

Workplace injuries are called by a variety of terms: industrial injury, compensable injury, or injury AOE/COE (arising out of and occurring in the course of employment).

AOE/COE means that WC benefits are allowed if there is an injury that not only occurs during the course of employee's duties but also arise out of the employment. The Labor Code further states that the injury must be "proximately caused by the employment". We think of this as the "but for" Rule. But for the employment, the injury would not have occurred.

Over time, the courts held a rather liberal interpretation of the Labor Code (LC 3600) that addressed compensability. Case law expanded the literal interpretation of the statute to mean an injury is compensable if it occurs "on the job" or in the course of some activity that is "work connected".

There are 6 special defenses to compensability defined in the Labor Code that limit the situations where a workplace injury can be claimed.

- **Intoxication** – *If an injury is directly caused by the intoxication, by alcohol or the unlawful use of a controlled substance, of the injured employee. Controlled substance shall have the same meaning as prescribed in Section 11007 of the Health and Safety Code.*
- **Self-Inflicted injury** - *injury is not intentionally self-inflicted. Suicide - No benefits are paid if the employee's death was a suicide.*
- **Death** - *Where the employee has not willfully and deliberately caused his or her own death.*
- **Altercations – Initial Physical Aggressor Rule** – *Personal disputes between employees are not considered within the scope of employment. In 1961 the legislature enacted an amendment that states the "initial physical aggressor" does not receive benefits if injured in an altercation. The victim in the altercation, if an employee, and if the nature of the altercation is not personal in nature, will be covered.*
- **Felonious Act** – *Injuries caused by the commission of a felony or crime for which the employee is convicted are not compensable.*
- **Recreational Activities** – *Injuries are not compensable if they arise out of "voluntary participation in any off-duty recreational, social, or athletic activity not constituting part of the employee's work-related duties, except where these activities are a reasonable expectancy of, or are expressly or impliedly required by, the employment. The administrative director has set rules and regulations that require employers to post and keep posted in a conspicuous place(s) a notice advising employees of the provisions of this subdivision. Failure of the employer to post the notice shall not constitute an expression of intent to waive the provisions of this subdivision. On the flip side of this, if there is a company picnic where the employee's attendance is mandatory or expected, then injuries as a result of participating in such an activity will be compensable.*

Other Rules or case law decisions guiding AOE/COE determinations

Acts of Convenience or Necessity aka Personal Comfort Doctrine; Coffee Breaks, Lunch Periods

Early court decisions have found certain personal activities that occur in the work place to be deemed work related. These include restroom visits, rest periods, coffee breaks and getting a drink of water. Employees are deemed on the job when they:

- Are on a paid coffee break
- Eat lunch on the employer's premises
- Use the restroom

An employee who leaves the premises for lunch does so at their own risk. Compensation coverage is suspended when an employee leaves the work premises- UNLESS doing so for a work activity or special errand for the employer.

Going and Coming Rule: Parking lots: Entrance and Exit

An employee's routine commute to a fixed place of employment is not considered part of their job duties. Travel injuries on a routine commute to work are not compensable under workers' compensation. This is called "The Going and Coming Rule". This rule also applies to any personal, uncompensated time away from work – such as an unpaid lunch hour.

There are exceptions to this rule. If an employer controls the commute; then the commute becomes a work related activity. Control, in this setting, is defined as:

- The employer furnishes transportation by way of company car
- The employer pays wages during the commute
- The employer reimburses the employee for the use of the vehicle when travelling

Vanpool Rule

This provision was enacted in 1994 to accommodate "alternate commute programs" that involve employer sponsored transportation to and from work that are mandated by a governmental agency.

While public employees who voluntarily participate in these van pool programs are not considered on the job during the commute unless paid wages while commuting; STATE Employees and CSU are



considered in the course of employment for WC purposes ONLY while commuting in a State owned vanpool.

See Tech letter for more details: <http://csu.net/HRAdm/pdf1995/TL-WC1995-01.pdf>

Special Errand or Assignment

Injuries that occur when an employee is performing a special errand or assignment for the employer are covered.

Injuries that occur while deviating from the route of the special errand are not covered.

Commercial Traveler Rule

Employees who are on business trips at the request and approval of their employer are covered for any injuries sustained during the trip "portal to portal". That is, they are covered from the moment they leave their home until the moment they return.

For CSU employees who travel to foreign countries on business, there is special Foreign Travel Insurance coverage. This insurance will not only provide WC coverage for injuries but will also provide travel assistance for repatriation in the event of an injury and will assist in coordinating medical care while in foreign territory.

The campus' have guidelines for foreign travel. Workers' compensation injury claims that happen on foreign soil will need to be coordinated with both Sedgwick and the Foreign Travel carrier.

Bunkhouse Rule

When an employer provides housing for their employees, any injury that occurs in this housing is deemed to arise out of the employment. If living on employer premises or in employer furnished housing is a condition of the job, the rationale is that any activity involved in reasonable use of such premises is in the course of the employment.

However, if an employee engages in a personal activity that would be a material deviation from duties or contrary to the interests of the employer, the employee may forfeit the protection of the bunkhouse rule.

Skylarking or Horseplay

The terms "skylarking" and 'horseplay" have been used in case law discussions to refer to an innate sense of humor or playfulness which is not always expressed in a harmless or productive way. Injuries that occur as a result of such activity during work hours are NOT considered to arise from the employment. The exception to this rule is the innocent victim/bystander who is injured as a result of this activity. The victim is covered for Workers' Compensation if they were not a participant in the horseplay activity.



Work Outside of Regular Working Hours

Injuries that occur when an employer requires an employee to work overtime, return to the office or perform work from home are considered to be in the course of the employment and are therefore compensable.

Post Termination or Layoff Claim of Injury

Where the claim for compensation is filed after notice of termination or layoff, including voluntary layoff, and the claim is for an injury occurring prior to the time of notice of termination or layoff, no compensation shall be paid unless the employee demonstrates by a preponderance of the evidence that one or more of the following conditions apply: Such claims are not compensable unless one of the following conditions is met:

- The employer has notice of the injury before notice of termination or layoff
- The employee's medical records establish an injury prior to the notice of layoff
- For a CT or occupation injury, the date of injury is subsequent to the date of the notice of termination but before the actual date of the termination or layoff
- The knowledge of a CT injury is subsequent to the date of the notice of termination or layoff

An additional requirement is that the actual termination must be within 60 days of the notice of same.

Types of Injuries

Traumatic Injuries – An injury that is the result of a physical trauma. These injuries are the result of a single specific event such as a fall, strain, laceration etc.

Repetitive trauma – refers to a gradual injury that occurs over time to a body part from repetitive activities in the employment. This type of injury is often referred to as a Cumulative Trauma – as small events over time accumulate to result in an injury. Carpal Tunnel syndrome is this type of injury.

Psychiatric Injuries – Under Labor Code 3208.3 provides guidance around how to evaluate if the assertion of a psychological injury is work-related or if further investigation is warranted to determine relatedness.

- Causes disability or need for medical care
- Diagnosed by a physician defined by the labor code, and
- The diagnosis using the terminology and criteria of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Third Edition-Revised, or of other manuals generally approved and accepted nationally by practitioners in the field of psychiatric medicine.
- Employment was the Predominate Cause or 51%. Employee shall demonstrate by a preponderance of evidence the actual events of the employment were the predominant (51%) as to all causes combined of the psychiatric injury.
- Employee must be employed SIX months (and employment need not be continuous)

For psychiatric injuries as a result of violent acts, the employee must prove that the actual employment events were a “substantial cause” (35- 40%) from all sources combined.

The six month employment requirement is waived for sudden and extraordinary employment conditions.

There is a caveat that psychiatric injuries that are the result of Lawful Non-discriminatory Good Faith Personnel Action by the employer are NOT compensable.

Psychiatric Claims Asserted Post Termination

After receiving notice of their being terminated, including layoffs and voluntary layoffs. This deals with the assertion on the part of the employee of an injury being sustained prior to receiving notice of termination.

- Actual events of employment were the predominant cause of the psychiatric injury (51%) as to all causes combined.
- The injury was caused by sudden and extraordinary events at the job
- The employer had notice of the psychiatric injury prior to the notice of termination.
- The employee has medical records that show treatment for the psychiatric injury prior to the notice of termination.
- A finding of sexual or racial harassment by any trier of fact, whether contractual, administrative, regulatory, or judicial.
- Evidence that the date of injury is after the date of notice of termination, but prior to the effective date of the termination.

Reform legislation to placed controls on both psychiatric and post termination/layoff claims

Under California law, an employee may bring a workers’ compensation claim for a mental or emotional injury. Under California Labor Code Section 3208.3, a “psychiatric injury shall be compensable if it is a mental disorder which causes disability or need for medical treatment” and certain other criteria are satisfied.

Under the statute, employees are generally prohibited from recovering benefits for psychiatric injuries unless they file their claim (or provide some form of notice to an employer) before their termination. However, there is an exception under Labor Code Section 3208.3(e)(1) if the mental/emotional injury was caused by “sudden and extraordinary events of employment.”

Labor Code Section 3208.3(e)(1): Three Things to Know About the ‘Sudden and Extraordinary’ Standard

‘Sudden and Extraordinary’ Allows for Exceptions in Psychiatric Injury Claims

For a psychiatric claim to be compensable under California’s Labor Code Section 3208.3, an employee must have strong medical evidence. Additionally, they must satisfy certain technical standards. As a general rule, an employee can only recover workers’ compensation for a psychiatric injury if:

*They have worked for the employer for at least six months; and
They filed or their employer has some form of notice before termination.
Labor Codes Section 3208.3(e)(1) states clearly that there is an exception if the mental/emotional injury was caused by a ‘sudden and extraordinary’ event in the course of employment. In other words, an employee who suffers psychiatric harm as a result of a sudden and extraordinary event may be eligible for benefits even if they have worked less than six months and/or they have already been terminated..*

Unit 8 CSU Police Officers:

Effective January 1, 2020. The law created a rebuttable presumption (Labor Code Section 3212.15) that posttraumatic stress disorder (PTSD) diagnosed in peace officers and firefighters is a work-related injury covered by the state's Workers' Compensation system. The presumption is that the PTSD developed or manifested arising out of and in the course of employment. Although an employer may attempt to rebut the presumption by showing that the PTSD was solely caused by some event(s) outside of work, in most cases this is an impossible task.

Worker's Compensation Benefits

Workers' Compensation provides the following types of benefits:

Medical Care

Reasonable and necessary medical care is provided to cure or relieve the effects of an industrial injury.

- No out of pocket costs for the injured worker
- Medical care costs are controlled by a legislatively mandated Fee Schedule
- Since 2004 California has adopted a Utilization Review program to ensure that the treatment provided to the employee is appropriate
- California has chosen the ACOEM Guidelines as the cornerstone of this program (American College of Occupation and Environmental Medicine's Practice Guidelines)
- Medical mileage is paid for travel to medical appointments (67.0 cents per mile effective January 1, 2024)

Regardless of the validity of the claim, within one working day after an employee completes a DWC-1 Claim Form, the employer must authorize medical treatment for the alleged injury. If the validity of the claim is questioned, If a claim is delayed, medical benefits are paid up to a cap of \$10,000 and can only be stopped if the claim is denied.

The CSU does not participate in an MPN (Medical Provider Network).

Campuses select designated treatment facilities near their location to treat their injured workers. The employer has control of the medical treatment for the first 30 days following notice of an injury if the employer directs the medical control to a treatment facility. If an employee upon hiring or before the date of injury filed with the employer a pre-designated personal physician form, that is compliant with the Labor Code and Regulations that meet the requirements an employee can treat with their pre-designated physician.

It is important for the campus to establish a good working relationship with their designated treatment facility. The medical facility will work closely with both the employer and the employee for appropriate medical care and to bring about early return to work where possible.

Industrial clinics are often chosen as designated treatment facilities as they are well versed in the reporting requirements when treating industrially injured workers.

Temporary Disability

A partial wage replacement benefit paid to the injured worker if the injury prevents the employee from returning to work while recovering from the effects of an industrial injury. These payments are subject to minimum and maximum rates as well as aggregate maximums.

- 2/3 of the Average Weekly wage subject to statutory maximums
- 3 day waiting period (WP)
- If lost time is > 14 days or employee is hospitalized overnight, the WP is waived
- For Dates of injury from on or after 4/19/2004 the aggregate limit for TD benefits is 104 weeks in a 2 year window from the date of the first TD payment
- For injuries on or after 1/1/2008 the 104 week aggregate maximum is limited to a 5 year window from the date of injury.
- For injuries on or after 4/19/2004 causing temporary disability shall not extend for more than 240 compensable weeks within a period of five years from the date of injury for: acute and chronic hepatitis B or chronic hepatitis C, amputations, severe burns, HIV, High-velocity eye injuries, Chemical burns to the eyes, pulmonary fibrosis, Chronic Lung disease.
- Date of injury controls the benefit rate
- 2024 TD rate maximum is \$1619.51; 2025 TD rate maximum is \$1680.29
- 2024 TD rate minimum rate is \$242.86; 2025 TD rate minimum is \$252.03
- Paid every two weeks
- LC 4453(a)(10) controls the TD rate increase based upon the percentage increase in the state average weekly wage (SAWW) as compared to the prior year.



Pursuant to the Education Codes 89529-89529.11 many CSU employees qualify for Industrial Disability Leave in lieu of Temporary Disability. The employee must be a PERS or STRS member. If the employee qualifies for IDL and chooses this benefit instead of TD, the IDL benefit pays as follows:

- For the first 22 work days of disability, IDL pays an amount equal to net pay (full pay minus an amount equal to Social Security/Medicare and withholding taxes based on exemptions).
- 52 week limit within 2 year window from first date of disability

Please refer to the Guide for more specifics on this benefit: Please click on the following links, [TL-BEN2017-04](#) and [TL-LVS2017-02](#), to view the Technical Letters. These technical letters can also be found on CSU Coded Memoranda site:

<https://csyou.calstate.edu/Policies/HRPolicies/Forms/Default.aspx>

It is the CSU's policy that the first visit to a MD following an injury is not counted against sick leave. The reference for this policy is found in the following Tech Letter:

<http://www.calstate.edu/HRAAdm/pdf2010/TL-BEN2010-04.pdf>

The IDL guide addresses attending medical appointments once the employee is back to work.

"If an employee receiving IDL benefits is released by the physician to full-time employment and subsequently loses work time for doctor's appointments, physical therapy etc., such absences shall be charged to the employee's leave credits consistent with CSU policy on reporting of absences for non-exempt and exempt employees."

Permanent Disability (PD)

If an industrial injury results in lasting residuals that cause a significant handicap in performing work after maximum medical improvement is reached, the injured worker is entitled to a permanent disability rating. This rating is expressed in terms of a percentage. These payments are controlled by a state mandated Permanent Disability Rating Schedule.

- Date of injury controls the benefit rate
- Paid within 14 days of last payment of temporary disability unless it is not possible to determine a reasonable estimate of PD, a delayed notice can be issued until such time as a reasonable estimate is possible or
- Paid when the last payment of temporary disability indemnity has been made pursuant to labor code 4656(c) unless deferring PD until the parties are in receipt of an award when employee return to work to a position that pays at least 85% of the wages and compensation or if employee returns to work in a position at least 100% of wages and compensation when the employee's condition has been declared permanent & stationary/ having reached maximum medical improvement.
- For dates of injury on or after 1/1/2005 ratings are based upon the American Medical Association Guides to the Evaluation of Permanent Impairment (AMA Guides)

- The Guides may also apply to earlier dates of injury, if there has been no medical report indicating the existence of PD prior to 1/1/2005.
- Permanent disability ratings are modified by a statutory formula that considers age at injury and occupation.
- PD is expressed in a % which has a dollar equivalent based upon Date of Injury
- 100% PD provides that permanent disability benefit is paid at the TD weekly rate at the time of injury for the life of the employee.
- This benefit is usually finalized in either a lump sum settlement (Compromise & Release) or a Stipulation with Request for Award approved by the Workers' Compensation Appeals Board.

Supplemental Job Displacement benefits for dates of injury 2004 and forward

A benefit for employees that have Permanent Disability and are not able to return to work. This applies only for:

- Dates of injury 1/1/2004 forward
- Employees must have a finding of permanent disability AND the injured employee does NOT return to work within 60 days of the termination of TD.
- If the employee meets the above criteria, they are entitled to a supplemental job displacement benefit in the form of a nontransferable voucher for education related retraining at state approved/accredited schools
- The amount of the voucher is dependent upon the amount of PD awarded.
 - For dates of injury from 2004 through 2012
 - \$4,000 for PD < 15%
 - \$6,000 for PD between 15% and 25%
 - \$8,000 for PD between 26% and 49%
 - \$10,000 for PD between 50% and 99%
 - For dates of injury from 2013 and forward
 - \$6,000 for PD 1% or >

Death Benefits

Payments to the injured worker's spouse, children or other dependents should an employee die from a work related injury. Death benefits also include a burial allowance.

- Benefit amount is controlled by the date of injury, rather than the date of death.
- Both total and partial dependents may qualify for benefits
- For dates of injury on or after 1/1/1990 payments to minor children continue until the dependent child reaches the age of 18 or until death of a child mentally or physically incapacitate from earning.
- Paid at the TD rate but not less than \$224/week
- Spouse is deemed a total dependent if their income is \$30,000 or less

Date of Injury	Burial expenses	1 total dependent	2 total dependents	3 or + total dependents	1 total+ 1 or more partial	1 or more partial dependents
On or after 1/1/13	\$10,000	\$250,000	\$290,000	\$320,000	\$250,000+ 4x annual support for partial not to exceed \$290,000	8x annual support not to exceed \$250,000
Prior to 1/1/2013	\$5000	\$250,000	\$290,000	\$320,000	\$250,000 + 4x annual support for partial not to exceed \$290,000	8x annual support not to exceed \$250,000

Benefit Overview Description

Benefit Type	Who is eligible	Benefit amount	Maximum Length of benefit	Aggregate days TD Cap	Exceptions
Industrial Disability Leave (IDL)	PERS & STRS members	Full net pay for 22 working days of disability, 2/3 pay thereafter	52 weeks within 2 years from first date of disability	IDL days count toward the TD Cap	
Enhanced Industrial Disability Leave (EIDL)	Unit 8 (CSU Police)	Full net pay for 52 weeks	365 calendar days from date of injury	EIDL and IDL combined cannot be > 365 days; & both count toward TD cap	See IDL guide pages
TD for Dates of Injury on or after 4/19/2004	All CSU employees	2/3 AWW subject to statutory minimums and maximums	See aggregate days	TTD payments are limited to 104 weeks within a single 2 year period. The 2 year eligibility window counts from the date of the first payment of TD	
TD for Dates of injury 1/1/2008 and after***	All CSU employees	2/3 AWW subject to statutory minimums and maximums	See aggregate days	TD payments are limited to 104 weeks of disability within a 5 year period. The 5 year window is counted from the DOI.	*** Certain acute or severe disabilities extend for 240 weeks. Exceptions are: acute & chronic Hep B or C, amputations, severe burns, HIV, high velocity eye injuries, chemical burns to eyes, pulmonary fibrosis, or chronic lung disease.

Temporary Disability Rates		
Year	Minimum	Maximum
2026	\$264.61	\$1,764.11
2025	\$252.03	\$1,680.29
2024	\$242.86	\$1,619.15
2023	\$242.86	\$1,619.15
2022	\$230.95	\$1,539.71
2021	\$203.44	\$1,356.31
2020	\$194.91	\$1,299.43
2019	\$187.71	\$1,251.38
2018	\$182.29	\$1215.27
2017	\$175.88	\$1172.57
2016	\$169.26	\$1128.43
2015	\$165.49	\$1103.29
2014	\$161.49	\$1074.64
2013	\$160.00	\$1,066.72
2012	\$151.57	\$1,010.50
2011	\$148.00	\$986.69
2010	\$148.00	\$986.69
2009	\$143.70	\$958.01
2008	\$137.45	\$916.33
2007	\$132.25	\$881.66
2006	\$126	\$840
2005	\$126	\$840
2004	\$126	\$728
2003	\$126	\$602
4/1/97-12/21/2002	Lesser of \$126 or AWW	\$490
Note: TD is calculated as 2/3 of the Average Weekly Wage (AWW) subject to Statutory Minimums and Maximums		
Since 2006, per Labor Code section 4453(a)(10) requires that the TTD (total temporary disability) rate be increased by an amount equal to the State average weekly wage (SAWW) as compared to the prior year.		
Maximum TD rates are subject to increase after 2 years per LC 4661.5		

Mileage rates for medical or medical legal travel expenses for dates travelled on or after:

Dates of travel	Rate in cents/per mile
2026	\$.72.5 (pending publication)
2025	\$.70
2024	\$.67
2023	\$.655
2022	\$.585
2021	\$.56
2020	\$.575
2019	\$.58
2018	\$.545
2017	\$.535
2016	\$.54
2015	\$.575
2014	\$.56
2013	\$.565
2012	\$.555
7/1/2011 - 12/31/2012	\$.555
1/1/2011 - 6/30/2011	\$.51
2010	\$.50
2009	\$.55
7/1/2008 - 12/31/2008	\$.585
1/1/2008 - 6/30/2008	\$.505
2007	\$.485
7/1/2006 - 12/31/2006	\$.445
2001 - 2005	\$.34
Note: Mileage rates apply for dates travelled, not by date of injury	



What are the Employers responsibilities in California Workers' Compensation?

Forms and Notices the Employer must provide to the Employee:

When an injury occurs

- **Claim Form** – Provide to injured employee ***within one working day*** of notice of an injury that results in lost time of medical treatment beyond first aid. A copy of the Claim Form may be found at this link <http://www.dir.ca.gov/dwc/DWCForm1.pdf>.
- **Rx Pharmacy First Fill Notice** – While the First Fill Notice is not a legally required notice, OPTUM – CSU First Fill Letter English-Spanish notice should be provided to all CSU employees who report a WC injury to facilitate the filling of prescriptions.
- CSU campus has established a Pharmacy Benefit Network. This program controls the cost of medications prescribed in WC and allows the employee to obtain prescription medicines at network pharmacies without a cost to the employee. The network has locations throughout California. Prescriptions filled at non-network pharmacies will not be reimbursed.
- **Report claim to Sedgwick** – Campuses report work related injuries through the <https://intake.sedgwick.com/> claims system. An injury must be reported within 5 days of the date of knowledge.

New Employee Forms

- **New Employee Pamphlet** – Every employer shall provide to **every new employee, either at the time of hire or by the end of the first pay period**, the Written Notice to New Employees concerning the rights, benefits and obligations under worker's compensation law. The New Employee or Time of Hire pamphlet was updated in 2024.
- New Employee Pamphlets are available for download at the DWC website <https://www.dir.ca.gov/dwc/DWCPamphlets/TimeOfHireNotice.pdf>

Physician Pre-Designation Forms

https://www.dir.ca.gov/dwc/FORMS/DWCForm_9783.pdf

The Physician pre-designation form is one of the items that are included in the new hire information regarding Workers' Compensation. This form was also updated in 2014.

Physician Pre-Designation information

Note the following caveats from the DWC regarding Employer's actions with respect to pre-designation forms:

- The DWC has determined that the employer can only contact the pre-designated physician after an injury has occurred, not before.
- The DWC has determined that an employee does not have to be enrolled in an MPN in order to be allowed to pre-designate
- If the prior pre-designation met the conditions set forth in Labor Code 4600, the pre-designation would remain valid. The three conditions are:
 - The physician is the employee's regular physician and surgeon, pursuant to Chapter 5 of Division 2 of the Business & Professions Code.
 - The physician is the employee's primary care MD and has previously directed the medical treatment of the employee, retains their med records; including a medical history. (This can include a medical group)
 - The physician agrees to be pre-designated.
 - **(Note:** the physician's agreement to serve as the pre-designated personal physician in the event of an industrial injury was a new requirement in the statute, so it is unlikely that designations made prior to April 19, 2004 would meet all 3 requirements listed above)
- Per the DWC, a review of the statute indicates that there is no requirement for annual pre-designation. As long as the employee has pre-designated prior to the injury, the pre-designation is valid.



Forms that the Employer must Post regarding Workers' Compensation

Post Notice – Employers must post in a conspicuous location frequented by employees, and where the notice may be easily read by employees during the hours of the workday, a notice that states the name of the current compensation insurance carrier of the employer, or when such is the fact, that the employer is self-insured, and who is responsible for claims adjustment. Full details of the posting requirements can be found in Labor Code section 3550.

A copy of the Posting notice can be found at the following link at the Department of Industrial Relations: <http://www.dir.ca.gov/dwc/NoticePoster.pdf> This was updated 10/2024

Forms the Employer must complete:

Employer's Report of Industrial Injury 5020

Must be completed by the employer within 5 days of knowledge of injury.

- You have 5 days to report the claim of injury to Sedgwick. The 5 days starts counting from the day the employee tells anyone in authority (i.e. Supervisor, Manager, HR), notice by Doctors First Report of Occupational Injury, Medical evidence claiming a WC injury has occurred, and/or receipt of Application for Adjudication of claim.
- The campus uses the Sedgwick <https://intake.sedgwick.com> claims management system to report WC claims. The WC coordinator reports new injuries to Sedgwick by entering a claim in <https://intake.sedgwick.com>

Timeliness of Reporting, i.e. within 5 days of knowledge is a legal requirement. The CSU is dedicated to promptly reporting WC claims so that the injured employee may obtain their WC benefits promptly.

The Date of Knowledge for the employer is when any person in a position of authority has knowledge of a work related injury that cause the need for treatment beyond first aid or results in lost time at work. The injury may be reported to a supervisor, someone in HR or the WC Coordinator.

Monthly Scorecards track each campuses performance in Timely Reporting injuries to the WC Claims Administrator, Sedgwick.

OSHA Forms and notification regulations

OSHA requires that all Employers record information about injuries that occur in the workplace. The responsibility for the record keeping at the campus level may fall to the WC Coordinator. Sedgwick provides the OSHA reporting for most Campuses in the CSU system. At some campuses this responsibility is handled in the Environmental, Health and Safety Department. There are a number of OSHA recording requirements for employers.

OSHA 300

- **Recording injuries on OSHA 300 log** – (see OSHA reg §14300.7. General Recording Criteria attached.)
 - Employers must maintain an OSHA log of recordable injuries for any of the following:
 - Death
 - Days away from work
 - Restricted work or transfer to another job
 - Medical treatment beyond first aid
 - loss of consciousness

You must also consider a case to meet the general recording criteria if it involves a significant injury or illness diagnosed by a physician or other licensed health care professional as detailed in subsection (b)(7) of this section, even if it does not result in death, days away from work, restricted work or job transfer, medical treatment beyond first aid, or loss of consciousness.

OSHA 300A

- **Annual OSHA Annual Summary posting** – Employers must post their Cal/OSHA Form 300A Annual Summary of Work-related Injuries and Illnesses every year on **February 1 through April 30**. See reg 14300.32 for further details

Form 301 Injury and Illness Incident Report

- **ViaOne** – can be used to record all necessary information for the completion of these reports. Most campus locations use the ViaOne WC claim system for this purpose
- **Osha Forms** – Forms and instructions can be found on the Osha website at: <https://www.dir.ca.gov/dosh/>. Click on “Forms and Instructions”.

Report of Employee death – If an employee subsequently dies as a result of a reported injury or illness, the employer shall file an amended report indicating the death with the Department of Industrial Relations, through its Division of Labor Statistics and Research or, if an insured employer, with the insurer, **within 8 hours after the employer is notified or learns of the death**. A copy of



any amended reports received by the insurer shall be filed with the division immediately upon receipt.

- <http://www.dir.ca.gov/dwc/diaform510.pdf>

Notifications that the Employer must make

- ***OSHA report of serious injury or death*** – In every case involving a serious injury or illness, or death, a ***report shall be made immediately means as soon as possible, but no more than 8 hours after the employer knows, or should have known of the death, serious injury or illness*** by the employer to the Division of Occupational Safety and Health by telephone or telegraph.
- **Note:** There is a civil penalty of not less than \$5,000 for failure to report these injuries as specified. (OSHA regulation 14300.7)

Facilitating Return to Regular Work

Bringing employee's back to work as soon as it is medically feasible is good for a variety of reasons. Active involved employees make stronger recoveries, keep the work force intact and controls costs in WC claims. CSU is a strong supporter of RTW efforts on a system wide basis.

Sedgwick will assist in the return to work efforts by keeping in touch with the treating physicians and letting the doctors know that the CSU is very committed to providing modified work. The employee should be made aware of their obligation to keep the campus informed of their work status and their ability to perform full or modified duties.

Release to full duty:

- Employee's should provide a Work Status Report or doctor's note to their supervisor releasing employee to regular work duties
- Forward original to WCC

Release to Modified Work Duties

If an employee is returned to work with restrictions identified by the treating MD:

- Campus will review those work restriction and determine if accommodations can be made.
- This may involve coordination with the campus ADA coordinator
- CSU has a return to work program and makes reasonable efforts to accommodate restrictions
- Fill out Modified Duty Agreement as required

Because of the overlap between WC and ADA, return to work offers should be coordinated with the campus ADA coordinator to ensure that the proper interactive process is followed as is legally required.

Ergonomic Evaluations for RTW efforts

Within five days of receipt of the physician's request, the Claims Examiner will notify the Campus of the need for an ergonomic work-station evaluation. The campus may have an internal provider that is able to perform the work-station evaluation. However, if the CSU campus internal provider is unable to accommodate the request, the Claims Examiner may assist in the selection of a qualified vendor.

Payment for these services, as well as any required ergonomic equipment, is the responsibility of the CSU campus. The bills for these services and equipment are not to be paid from the Sedgwick claim file.

Each Campus is responsible for training on ergonomic equipment use, maintenance and replacement, recordkeeping, and ensuring appropriate use by injured employees. Campuses also retain ownership of the equipment if the employee's CSU employment ends. If a claimant contacts the examiner seeking these services from Sedgwick, the examiner must refer them to the designated Campus Coordinator.

PD reduction incentive for prompt RTW efforts

The California Division of Workers' Compensation's has an incentive for employers with 50 or *more* employees to bring injured workers back to the job. Employers with 50 or more workers who offer injured employees regular, modified or alternative work will pay 15 percent lower weekly permanent disability benefits once the offer is made. Conversely, employers with 50 or more workers who don't make a return to work offer will pay 15 percent more in weekly permanent disability benefits.

The PD reduction incentive applies to injuries after January 1, 2005 – December 31, 2012

- When the employer offers the employee regular, modified or alternative work within 60 days of the date that the employee is declared P&S, any PD payable after the offer date shall be decreased by 15%.
- When the employer does not offers the employee regular, modified or alternative work within 60 days of the date that the employee is declared P&S, any PD payable after the end of the 60-day period shall be increased by 15%.

The offer of regular, modified or alternative work must be on the State approved form and meet the following requirements:

- For regular work pay the same wages and benefits that were paid at the date of injury
- For modified or alternative work – pay at least 85% of the salary and benefits at date of injury
- The job must last at least 12 months
- Reasonable commuting distance from where the employees lived on the date of injury
- Be in accordance with the work restrictions specified by the treating MD

The employee may accept or reject an offer of **regular** work within **20 days**

This deadline is **30 days** for **modified or alternative work**.

If the employee does not return to work and has permanent residuals, they are entitled to a supplemental job displacement benefit voucher in amounts ranging from \$4000 to \$10000 depending upon the extent of permanent Disability.

The PD adjustment was eliminated for dates of injury on or after 1/1/2013. Permanent disability advances may be deferred until the issuance of an award if the employer offers work paying 85% of the wages and compensation at the time of injury or if the employee is working in a position that pays 100% of the wages and compensation at the time of injury.

For injuries after January 1, 2013 If the employee does not return to work and has permanent residuals, they are entitled to a supplemental job displacement benefit voucher in amount of \$6000.

What to do when an injury occurs?

Responsibility of Supervisor of Injured Employee

- Carry out campus injury & Illness prevention policies
- Notify WCC *immediately* about the injury
- Assure that First Aid is administered for minor injuries and EE is able to return to work
- Contact WCC to obtain authorized medical treatment for the injured employee
- Supervisor Report of Injury is completed
- For ALL Accidents:
 - Make a report of action taken and facts about the accident by completing “Supervisor Report of Injury”
- Send report to WCC within 24 hours
- Email/electronically transmit to WCC per campus procedure protocol the original form to WCC in 3 days

Emergency Situations

- For extreme emergency or if Supervisory is unsure of the extent of injury:
 - Dial 911
 - UPD will assist supervisor to ensure that injured gets the medical service needed
- Notify WCC immediately about the injury
 - Supervisor’s Role for Injuries Requiring Medical Treatment
- Determine Extent of Injury
- Notify WCC immediately about the injury
- Provide EE with DWC 1; Employee Claim Form
- Complete & Sign Supervisor’s Report on Injury
- Return Supervisor Report and EE Claim to WCC within 3 days
 - Supervisor’s Role for Injuries where NO TREATMENT IS REQUIRED
- Notify WCC immediately about the injury
- Complete and Sign Supervisor’s Report of Injury and/or incident report
- If EE request to see MD at a later date, please notify WCC IMMEDIATELY
- If EE request medical care this will require Provision of DWC1 – Employee Claim Form



Delayed Claims

Sedgwick has 90 calendar days from the employers' receipt of a Claim Form to determine compensability for a claimed injury. If a decision is not made in this 90 day window, the claim is presumed compensable.

Questionable claims or claims where information is lacking are investigated to resolve any questions about whether the injury is industrial or not. The investigation can be done telephonically by the claims examiner for a 3 or 4 point investigation contacts or by assignment of an investigator who conduct on-site or telephonic Aoe/Coe investigation that could require statements of the employee, witnesses another persons on campus.

If the campus questions whether a claim is industrially caused, this should be discussed with the Sedgwick claims examiner as soon as possible.

Most Workers' Compensation claims will require both a factual and legal investigation and a medical investigation. The medical investigation may require obtaining past medical records pursuant to a signed medical release from the employee. In litigated claims, medical records are obtained by subpoena. For delayed claims where there is a question of industrial medical causation, a Panel list from the State of California will be requested. The list will contain the names of 3 Panel Qualified Medical Evaluators. The employee selects one of these physicians for an AOE/COE examination. If the employee does not make the selection within 10 days of receipt of the panel list, Sedgwick will select the physician.

Upon receipt of the investigation results, medical report and/or PQME's report, a decision on whether the claim will be accepted will be made.

Sedgwick will determine the compensability of a claim, the Claims Examiner will notify the Campus WC Coordinator in writing of his/her investigation details, decision results and their recommendation to accept or deny benefits prior to notifying the injured employee.

The Claims Examiner will also notify **CSU Claims Consultant** before acceptance or denial of a delayed claim for **serious injuries, complex claims, or if denial is based on Factual or Legal argument.**

There are a variety of reasons that a claim may be delayed or require additional investigation prior to the rendering of a compensability decision. Some of these reasons are:

- Stress claims
- Short term employment history
- Late report of claim by employee
- Prior injury to same body part
- Inconsistent history of injury



- Unwitnessed event
- Claim coincides with disciplinary action
- Labor code rules and regulations investigation or affirmative defenses
- Medical determination of industrial causation
- Factual investigation review

Claim Processing Timeframe

Claim Decision Timeline

Notice of acceptance/ first payment of Temporary Disability or delay of benefits

- The TPA must issue a notice within **14 days of knowledge of injury** to the employee advising the employee that they have accepted the claim and will commence benefits – or will be delaying a claim to further investigate industrial causation. (Regulation 9812)

Time period in which to investigate a claim

- **90 days from the date the claim form is filed** by the employee or his/her representative.
- If a decision is not made in 90 days the injury is presumed to be compensable.

AOE/COE Panel QME reporting deadline – within 30 days after the evaluation has taken.
(Labor Code 139.2 j (1) (A))

Return to Work Deadlines

For injuries on or after January 1, 2005

- The employer must send a **Notice of Offer of Regular, Modified or Alternative work** within 60 days of employee becoming permanent and stationery. Failure to do so increases the PD by 15% for injuries from 1/1/2005 through 12/31/2012. Compliance with this requirement reduces remaining PD due by 15% for injuries from 1/1/2005 through 12/31/2012. Within **30 days of the end of temporary disability** an offer of **Modified or Alternate work** must be made to the employee. Failure to do so will result in the liability to provide Supplemental Job Displacement Voucher (Value \$4,000 - \$10,000 depending upon percentage of PD for DOI through 12/31/2012).

For injuries on or after January 1, 2013

- The offer is made no later than 60 days after receipt by the claims administrator of the first report received from either the primary treating physician, an agreed medical evaluator, or a qualified medical evaluator, in the form created by the administrative director pursuant to subdivision (h), finding that the disability from all conditions for which compensation is claimed has become permanent and stationary and that the injury has caused permanent partial disability.

- (A) If the employer or claims administrator has provided the physician with a job description of the employee's regular work, proposed modified work, or proposed alternative work, the physician shall evaluate and describe in the form whether the work capacities and activity restrictions are compatible with the physical requirements set forth in that job description.
- (B) The claims administrator shall forward the form to the employer for the purpose of fully informing the employer of work capacities and activity restrictions resulting from the injury that are relevant to potential regular, modified, or alternative work.
- The offer is for regular work, modified work, or alternative work lasting at least 12 months.
- The supplemental job displacement benefit shall be offered to the employee within 20 days after the expiration of the time for making an offer of regular, modified, or alternative work pursuant to paragraph (B).
- The supplemental job displacement benefit shall be in the form of a voucher redeemable as provided in this section up to an aggregate of six thousand dollars (\$6,000).
- Settlement or commutation of a claim for the supplemental job displacement benefit shall not be permitted.



CLAIMS HANDLING AND CAMPUS INVOLVEMENT

How the Employer can assist the Claims Administrator with their WC Claims

Provide Claim Form

By statute, the Claim Form (DWC-1) must be provided to an employee within one working day of notice of an injury which requires medical treatment beyond first aid or where the employee loses time from work or is on modified duties.

Report Injuries Timely to Sedgwick

The Employer's Report of Injury, Form 5020, is required by statute to be completed within **five** days of knowledge of the injury.

Late reported injuries can create difficulties for the claims administrator. By statute, Sedgwick has 90 days from the date of the employer's date of knowledge to determine compensability. If the injury is reported to Sedgwick 90 days after the employer's date of knowledge, the injury is deemed compensable.

Direct the employee to Employer Designated Treatment Facility

Send the employee to your Employer Designated Treatment Facility for treatment, unless the employee has completed a pre-designated physician form prior to the injury date. The employer can direct the medical treatment for 30 days.

Information Helpful to Claims Examiner in handling claim

The Campus WC Coordinator should provide the claims examiner with all campus initial injury reports, including DWC1 form, Supervisor Injury/Incident Report, Witness statements, wage statements, and other requested reports such as UPD report, HR records, and as much information as they can about the injured worker. This includes any knowledge of prior injuries, work restrictions, prior injury claims, witnesses for possible statements, location of accident details, video camera evidence, job descriptions including any changes within the last year, work place issues, current level of employment, and if there are other non- work related issues. WC Coordinator should notify the departments involved to respond and cooperate to phone calls and/or email requests for completion of investigation in the collection of information regarding injury/accidents from the claims examiner within 24 hours or as urgently as possible. Only the WC Coordinator/Campus can waive a contact calls and investigation statement requests. The WC Coordinator will be notified for assistance after the 3rd attempt to communicate with a department representative.

Advise Examiner regarding work status

The Campus needs to provide accurate information regarding any change in work status as a result of the injury. This includes information regarding lost time and/or the need for modified work or work



restrictions as a result of a work related injury.

The examiner needs to know the last day worked and the return to work date. Should additional lost time occur, please notify the examiner immediately. Advise whether the employee is working full or part time and whether they are working regular or modified duties and how long the modifications or restrictions are to be in effect.

Providing modified work can control your temporary disability costs and assist in an employee's recovery. Providing permanent modified work timely can result in a reduction in Permanent Disability benefits owed to the injured worker.

Immediate Notification of Serious Accident

In the event of a serious accident or death, please as immediately as possible, phone and email the Sedgwick examiner, Supervisor or Manager directly.

Sedgwick's Communication with your Employees

Sedgwick will advise your employees within 14 days from the employer date of knowledge whether their claim will be accepted or delayed. The claims examiner has 90 days from the employer's date of knowledge to decide compensability.

The claims examiner will contact the employee to conduct an investigation of the injury and to explain the WC benefit process within one working day of notice of the injury. They will continue to attempt contact for 3 days. If contact cannot be made in 3 days a contact card will be sent to the employee and Sedgwick may request the WC Coordinator's assistance in reaching the employee.

Should a referral to an investigator be necessary, Sedgwick will notify the Campus WC Coordinator.

The claims examiner will discuss acceptance or denial decisions with the Campus WC Coordinator.

Medical Status Information for work status

Sedgwick will provide the Campus with medical information regarding disability status, medical work restrictions and request the Campus to review and respond, in writing, the determination of employee return to work. The WC Coordinator will coordinate with all campus departments on return to work efforts for the employee and provide response to Sedgwick claims examiner. The Campus may also receive work status information directly from the employee. In these cases, the Campus will advise Sedgwick of the work status information. If medical restrictions need further clarification the WC Coordinator will notify Sedgwick claims examiner to seek response from the medical provider.

Litigation

All assignments and selection of the defense attorney to be used as outside counsel will be done with the Workers' Compensation Coordinator and/or Campus's written approval. Copies of defense attorney



litigation correspondence be sent to the Campus along with Sedgwick Claims Examiner.

Settlements will be made in accordance with the Settlement Authorization process and procedure.

Questions or Concerns?

Please feel free to contact the claims examiner or supervisor should you have any questions, need clarification, a claim or work status or an explanation. Sedgwick will be happy to assist you with your Workers' Compensation questions or concerns.

Litigation Management

Litigation in California Workers' Compensation is handled before the Workers' Compensation Appeals Board. Hearings, Trials and conference are held before Workers' Compensation Administrative Law Judges at local Boards throughout the State.

Employees do not have to be represented by an attorney to bring a matter before the WCAB. They may represent themselves. This is known as "in pro per" which is short for "propria persona," which is Latin for "for oneself".

Most employees do seek counsel to represent them before the WCAB.

The CSU uses an approved panel of defense attorneys specializing in California Workers' Compensation to handle their cases at the Appeals Board.

Attorneys are placed on the panel after a formal interview process. Every two years, unless specifically outlined, the Panel is reviewed for any updates, changes or additions to the panel. With cooperative review of the panel by/with the Chancellor's Office, CSU Claims Consultant, Sedgwick and Campus the attorney panel is updated. Final panel is then provided to all Campus WC Coordinators, Chancellors Office, Sedgwick, CSU Claims Consultant and Alliant. The Panel is then used by the Campus WC Coordinator for selection of a defense attorney selection on the workers compensation case. Only attorneys from the approved panel may be assigned.

If there is a request to add or remove an attorney from the panel you are to notify CSU Claims Consultant and Sedgwick Director who will coordinate with the Chancellors office for any updating, Interviews and additional verifications.

An employee commences litigation by the filing of a form entitled Application for Adjudication of Claim. This is informally referred to as the Application.

Upon the filing of an application, Sedgwick will discuss with the WC Coordinator the need to assign a defense attorney and the Campus WC Coordinator will select the defense attorney for each claim. The campus approves the assignment of the attorney.



At times, you may have a complex claim that requires defense counsel advise and legal assistance, if when a file is not litigated and WC Coordinator will discuss case and assignment of defense counsel with Sedgwick.

Attorneys on the approved panel are sent annually a copy of the Defense Counsel Guidelines for CSU. These guidelines address the expectation of the CSU in the handling of WC claims. A copy of this letter follows this section.

It is important to be aware of the CSU philosophy on handling WC claims. CSU's philosophy is to:

- Resolve compensable claims equitably and as soon as practical
- Litigate to the fullest extent non-meritorious claims
- Approach all cases proactively for the most timely and cost effective resolution

Defense Counsel, the Sedgwick Claims Examiner and the local campus WC Coordinator should develop a collaborative overall defense strategy, which should include, wherever possible, time frames for significant activities. This strategy sets forth an optimal series of decisions for the life of the claim. Defense Counsel, the Sedgwick Claims Examiner and the local campus WC Coordinator must re-evaluate the strategy as new facts become known and circumstances change, remaining flexible and ready to change the defense strategy accordingly.

When applicable involve your CSU Claims Consultant, who may engage Chancellors Office, Campus and Sedgwick if applicable Defense Counsel for discussion of complex claims, preparation for claim strategy, litigation management, case resolution option, or establish conference call for global resolution opinions.

Under no circumstances will Defense Counsel seek settlement authority solely from the Campus WC Coordinator. All settlements and discussions must involve the Sedgwick claims examiner and with the claims examiner completion of a SAR Form (Settlement Authorization Request).

In addition, all selections of an Agreed Medical Examiner must have the campus approval prior to the selection of same. The use of an AME it the selection thereof, should be a collaborative discussion with the examiner, defense attorney and the WC Coordinator.

The guidelines also indicate what duties/tasks should be performed by the attorney and what should reside with the examiner.

WC Coordinators may attend proceedings at the WCAB. The employer's presence at a trial, hearing, deposition or mandatory settlement conference can be very helpful to the defense of the claim. Your attendance at these proceedings should be discussed with the Sedgwick claims examiner and defense attorney. It is not mandatory that an employer representative attend.



The Resolution Process

Worker's Compensation claims can be resolved in a variety of ways. Simple claims where the injured worker fully recovers from the injury and has been discharged from medical care are administratively closed by Sedgwick.

Files with residual disability or a need for future medical care require a formal disposition approved by the WCAB.

The resolution options are as follows:

Stipulations with Request for Award

- This type of resolution can be entered into with an employee who has no attorney and with employees who are represented by attorneys.
- Stipulations are agreements on the level of permanent disability and the need for future medical care. In unrepresented cases, this agreement is based upon the medical report of the treating MD or a Panel Qualified Medical Examiner. The Disability Evaluation Unit will rate the report to arrive at a PD percentage. The permanent disability is paid in weekly installments.
- In litigated claims the PD agreement is based upon the medical and medical legal record.
- A judge approves both types of cases. In the overwhelming majority of claims, a lifetime future medical award provision is included in the agreement.
- The employee may Petition to reopen for New and Further Disability within 5 years of the date of injury.
- Stipulations are often the preferred resolution for active CSU employees.

Compromise and Release agreement

- This is considered a lump sum full and final settlement.
- The injured worker cannot reopen the claim in the event of new and further disability.
- The interests of Medicare must be considered and depending on the employee's Medicare status a set aside may be required.
- This is the preferred resolution if the employee no longer works at CSU.

Open Medical Compromise and Release

This is like a regular Compromise and Release, but the employer remains liable for future medical care.

Findings and Award

This is the result of a case going to Trial and the WCJ awarding benefits. The award will set forth the benefits owed. When the Judge finds that no injury was sustained and/or no benefits due the award is called a Take Nothing



Settlement Authority Request Process (SAR)

The dollar authority to settle a claim rest with the campus. Each campus President has up to \$175,000 in authority for WC claims settlement. The President may distribute authority levels within the campus to various individuals. Settlement within CSU's retention must come from the Campus in conjunction with the Chancellor's office where appropriate.

If the Settlement amount will exceed \$100,000 in total paid claim costs the WC Claims Consultant shall review and approve the SAR and may submit any SAR request to Chancellor if case requires additional level of review and authority.

If the Settlement amount will exceed \$175,000 in total paid costs, Medicare exposure is involved or complex global claim issues exist the WC Claims Coordinator will review and submit SAR request to the Chancellor's Office for review and approve.

Sedgwick will draft a form called a Settlement Authorization Request (SAR) to seek approval from the Campus to resolve a claim. Sedgwick will evaluate the exposure in the claim, any legal defenses and make a recommendation on how best to resolve the claim by way of resolution type and dollar value. The SAR shall provide a brief history of the injury, a description of the permanent disability, PD ratings and the dollar value of same, any further temporary disability/IDL exposure, AME/PQME medical report results, the medical treatment projection and its dollar estimate for life expectancy, liens on file if any, return to work efforts and exposure for Supplemental Job Displacement Voucher, and any other costs that are included in the proposed settlement. The SAR should be a complete outline of all issues and defenses. The Sedgwick Claims Examiner will notify the Campus when Chancellor's Office has reviewed any SAR and will coordinate all SAR requests for approval with the Campus.



Workers' Compensation Appeals Board (WCAB)

Workers' Compensation Appeals Board

455 Golden Gate Avenue, 9th Floor
San Francisco, CA 94102

Mail Address

P.O. Box 429459
San Francisco, CA 94142-9459

Addresses, Venue Acronym and Information & Assistance Office Phone Numbers:

Anaheim - AHM 1065 N Link Suite 170 Anaheim CA 92806-2131 (714) 414-1801	Oxnard - OXN 1901 N Rice Ave Suite 200 Oxnard, CA 93030-7912 (805) 485-3528	San Francisco - SFO 455 Golden Gate Ave 2nd Floor San Francisco, CA 94102-7014 (415) 703-5020
Bakersfield - BAK 1800 30th St Suite 100 Bakersfield, CA 93301-1929 (661) 395-2514	Pomona - POM 732 Corporate Center Dr. Pomona, CA 91768-2653 (909) 623-8568	San Jose - SJO 224 Airport Parkway Suite 600 San Jose, CA 95110-3718 (408) 277-1292
Fresno - FRE 2550 Mariposa Mall Room 5005 Fresno, CA 93721-2219 (559) 445-5355	Redding - RDG 250 Hemsted Dr. 2nd Floor, Suite B Redding, CA 96002- 9040 (530) 225-2047	San Luis Obispo - SLO 4740 Allene Way Suite 100 San Luis Obispo, CA 93401-8736 (805) 596-4159
Lodi - LOD 3021 Reynolds Ranch Pkwy, Suite 130 Lodi, CA 95240-6936 209-948-7759	Riverside - RIV 3737 Main St. Room 300 Riverside, CA 92501-3337 (951) 782-434	Santa Ana - ANA 2 MacArthur Place Suite 600 Santa Ana, CA 92707-7704 (714) 942-7576
Long Beach - LBO 1500 Hughes Way Suite C203 Long Beach, CA 90810 (424) 450-2565	Sacramento - SAC 160 Promenade Circle Suite 300 Sacramento, CA 95834-2962 (916) 928-3158	Santa Barbara - SBA 130 E Ortega St. Santa Barbara, CA 93101-7538 (805) 568-1295
Los Angeles - LAO 320 W 4th St. 9th Floor Los Angeles, CA 90013-1954 (213) 576-7389	Salinas - SAL 1880 N Main St. Suite 100 Salinas, CA 93906-2037 (831) 443-3058	Santa Rosa - SRO 50 "D" St. Room 420 Santa Rosa, CA 95404-4771 (707) 576-2452
Marina del Rey - MDR 4720 Lincoln Blvd 2nd Floor Marina del Rey, CA 90292-6902 (310) 482-3820	San Bernardino - SBR 464 W 4th St Suite 239 San Bernardino, CA 92401-1411 (909) 383-4522	Van Nuys - VNO 6150 Van Nuys Blvd Room 105 Van Nuys, CA 91401-3370 (818) 901-5367
Oakland - OAK 1515 Clay St. 6th Floor Oakland, CA 94612-1519 (510) 622-2861	San Diego - SDO 7575 Metropolitan Dr. Suite 202 San Diego, CA 92108-4424 (619) 767-2082	



Glossary of WC Terms

The following is a glossary of common WC terms. Updated October 2024

Accepted claim: A claim in which the insurance company agrees your injury or illness is covered by workers' compensation. Even if your claim is accepted there may be delays or other problems. Also called admitted claim.

Agreed medical evaluator (AME): If you have an attorney, an AME is the doctor your attorney and the insurance company agree on to conduct the medical examination that will help resolve your dispute. If you don't have an attorney, you will use a qualified medical evaluator (QME). See QME.

Alternative work: A new job with your former employer. If your doctor says you will not be able to return to your job at the time of injury, your employer is encouraged to offer you alternative work instead of supplemental job displacement benefits or vocational rehabilitation benefits. The alternative work must meet your work restrictions, last at least 12 months, pay at least 85 percent of the wages and benefits you were paid at the time you were injured, and be within a reasonable commuting distance of where you lived at the time of injury.

American Medical Association (AMA): A national physician's group. The AMA publishes a set of guidelines called "Guides to the Evaluation of Permanent Impairment." If your permanent disability is rated under the 2005 rating schedule, the doctor is required to determine your level of impairment using the AMA's guides.

Americans with Disabilities Act (ADA): A federal law that prohibits discrimination against people with disabilities. If you believe you've been discriminated against at work because you're disabled and want information on your rights under the ADA, contact a U.S. Equal Employment Opportunity Commission office. For the EEOC office in your area, call 1-800-669-4000 or 1-800-669-6820 (TTY).

AOE/COE (Arising out of and occurring in the course of employment): Your injury must be caused by and happen on the job.

Applicant: The party -- usually you -- that opens a case at the local Workers' Compensation Appeals Board (WCAB) office by filing an application for adjudication of claim.

Appeals board: A group of seven commissioners appointed by the governor to review and reconsider decisions of workers' compensation administrative law judges. Also called the Reconsideration Unit. See Workers' Compensation Appeals Board.



Applicants' attorney: A lawyer that can represent you in your workers' compensation case. Applicant refers to you, the injured worker.

Application for adjudication of claim (application or app) : A form you file to open a case at the local Workers' Compensation Appeals Board (WCAB) office if you have a disagreement with the insurance company about your claim.

Apportionment: A way of figuring out how much of your permanent disability is due to your work injury and how much is due to other disabilities.

Audit Unit: A unit within the DWC that receives complaints against claims administrators. These complaints may lead to investigations of the way the company handles claims

Benefit notice: A required letter or form sent to you by the insurance company to inform you of benefits you may be entitled to receive. Also called notice.

Cal/OSHA: A unit within the state Division of Occupational Safety and Health (DOSH). Cal/OSHA inspects workplaces and enforces laws to protect the health and safety of workers in California.

California Labor Code section 132a: A workers' compensation law that prohibits discrimination against you because you filed a workers' compensation claim, and against co-workers who might testify in your case.

Carve-out: Carve-out programs allow employers and unions to create their own alternatives for workers' compensation benefit delivery and dispute resolution under a collective bargaining agreement.

Claim form: The form used to report a work injury or illness to your employer.

Claims adjuster: See claims administrator.

Claims administrator: The term for insurance companies and others that handle your workers' compensation claim. Most claims administrators work for insurance companies or third party administrators handling claims for employers. Some claims administrators work directly for large employers that handle their own claims. Also called claims examiner or claims adjuster.

Claims examiner: See claims administrator.

Commission on Health and Safety and Workers' Compensation (CHSWC): A state-appointed body that conducts studies and makes recommendations to improve the California workers' compensation and workplace health and safety systems.



Commutation: An order by a workers' compensation judge for a lump sum payment of part or all of your permanent disability award.

Compromise and release (C&R): A type of settlement in which you receive a lump sum payment and become responsible for paying for your future medical care. A settlement like this must be approved by a workers' compensation judge.

Cumulative injury (CT): An injury that was caused by repeated events or repeated exposures at work. For example, hurting your wrist doing the same motion over and over or losing your hearing because of constant loud noise.

Date of injury: When you got hurt or ill. If your injury was caused by one event, the date it happened is the date of injury. If the injury or illness was caused by repeated exposures (a cumulative injury), the date of injury is the date you knew or should have known the injury was caused by work.

Death benefits: Benefits paid to surviving dependents when a work injury or illness results in death.

Declaration of readiness (DOR or DR): A form used to request a hearing before a workers' compensation judge when you're ready to resolve a dispute.

Defendant: The party -- usually your employer or its insurance company -- opposing you in a dispute over benefits or services.

Delay letter: A letter sent to you by the insurance company that explains why payments are delayed. The letter also tells you what information is needed before payments will be sent and when a decision will be made about the payments.

Denied claim: A claim in which the insurance company believes your injury or illness is not covered by workers' compensation and has notified you of the decision.

Description of employee's job duties (RU-91): A form filled out jointly by you and the insurance company that helps your treating physician decide whether you will be able to return to your normal job and working conditions.

Determination and order (D&O): A decision by the DWC Rehabilitation Unit on a vocational rehabilitation dispute.

Disability: A physical or mental impairment that limits your life activities. A condition that makes engaging in physical, social and work activities difficult.

Disability Evaluation Unit (DEU): A unit within the DWC that calculates the percent of permanent disability based on medical reports. See disability rater.



Disability management: A process to prevent disability from occurring or to intervene early, following the start of a disability, to encourage and support continued employment. This is done early in the recovery process in severe injury cases such as spinal injuries. Usually a rehabilitation nurse is involved with you and your treating doctor and the progress of your medical treatment is reported to the insurance company.

Disability rater: An employee of the DWC Disability Evaluation Unit who rates your permanent disability after reviewing a medical report or a medical-legal report describing your condition.

Disability rating: See permanent disability rating.

Discrimination claim (Labor Code 132a): A petition filed if your employer has fired or otherwise discriminated against you for filing a workers' compensation claim.

Dispute: A disagreement about your right to payments, services or other benefits.

Division of Workers' Compensation (DWC): A division within the state Department of Industrial Relations (DIR). The DWC administers workers' compensation laws, resolves disputes over workers' compensation benefits and provides information and assistance to injured workers and others about the workers' compensation system.

Electronic Adjudication Management System (EAMS): A computer based system to simplify and improve the Division of Workers' Compensation case management process.

Employee: A person whose work activities are under the control of an individual or entity. The term employee includes undocumented workers and minors.

Employer: The person or entity with control over your work activities.

Ergonomics: The study of how to improve the fit between the physical demands of the workplace and the employees who perform the work. That means considering the variability in human capabilities when selecting, designing or modifying equipment, tools, work tasks and the work environment.

Essential functions: Duties considered crucial to the job you want or have. When being considered for alternative work, you must have both the physical and mental qualifications to fulfill the job's essential functions.

Ex parte communication: Generally a private communication with a judge regarding a disputed matter without the other party being present or copied with correspondence.



Fair Employment and Housing Act (FEHA): A state law that prohibits discrimination against people with disabilities. If you believe you've been discriminated against at work because you're disabled and want more information on your rights under the FEHA, contact the state Department of Fair Employment and Housing at 1-800-884-1684. In some cases, the FEHA provides more protection than the federal Americans with Disabilities Act (ADA).

Family and Medical Leave Act (FMLA): A federal law that provides certain employees with serious health problems or who need to care for a child or other family member with up to 12 weeks of unpaid, job-protected leave per year. It also requires that group health benefits be maintained during the leave. For more information, contact the U.S. Department of Labor at 1-866-4-USA-DOL.

Filing: Sending or delivering a document to an employer or a government agency as part of a legal process. The date of filing is the date the document is received.

Final order: Any order, decision or award made by a workers' compensation judge that has not been appealed in a timely way.

Findings & award (F&A): A written decision by a workers' compensation administrative law judge about your case, including payments and future care that must be provided to you. The F&A becomes a final order unless appealed.

Fraud: Any knowingly false or fraudulent statement for the purpose of obtaining or denying workers' compensation benefits. The penalties for committing fraud are fines up to \$150,000 and/or imprisonment for up to five years.

Future earning capacity (FEC): A multiplier that increases the disability rating based on how much wage loss a type of injury causes on average when compared to other types of injuries.

Future medical (FMC): On-going right to medical treatment for a work-related injury.

Health care organization (HCO): An organization certified by the Department of Industrial Relations to provide managed medical care within the workers' compensation system.

Hearings: Legal proceedings in which a workers' compensation judge discusses the issues in a case or receives information in order to make a decision about a dispute or a proposed settlement.

In pro per: An injured worker not represented by an attorney.

Independent contractor: There is no set definition of this term. Labor law enforcement agencies and the courts look at several factors when deciding if someone is an employee or an independent contractor. Some employers misclassify employees as an independent contractor to avoid workers' compensation and other payroll responsibilities. Just because an employer says you are an

independent contractor and doesn't need to cover you under a workers' compensation policy doesn't make it true. A true independent contractor has control over how their work is done. You probably are not an independent contractor when the person paying you:

- Controls the details or manner of your work
- Has the right to terminate you
- Pays you an hourly wage or salary
- Makes deductions for unemployment or Social Security
- Supplies materials or tools
- Requires you to work specific days or hours

Independent medical examiner (IME): For injuries occurring on and after January 1, 1991, whenever the term "independent medical examiner" is used, the term shall mean "qualified medical examiner."

Industrial Medical Council (IMC): No longer in existence. See Medical Unit.

Information & Assistance Unit (I&A): A unit within DWC that provides information to all parties in workers' compensation claims and informally resolves disputes.

Information & Assistance (I&A) officer: A DWC employee who answers questions, assists injured workers, provides written materials, conducts informational workshops and holds meetings to informally resolve problems with claims.

Injury and illness prevention program (IIPP): A health and safety program employers are required to develop and implement. This program is enforced by Cal/OSHA.

Impairment rating: A percentage estimate of how much normal use of your injured body parts you've lost. Impairment ratings are determined based on guidelines published by the American Medical Association (AMA). An impairment rating is used to calculate your permanent disability rating but is different from your permanent disability rating.

Judge: See workers' compensation administrative law judge.

Lien: A right or claim for payment against a workers' compensation case. A lien claimant, such as a medical provider, can file a form with the local Workers' Compensation Appeals Board to request payment of money owed in a workers' compensation case.

Mandatory settlement conference (MSC): A required conference to discuss settlement prior to a trial.



Maximal medical improvement (MMI): Your condition is well stabilized and unlikely to change substantially in the next year, with or without medical treatment. Once you reach MMI, a doctor can assess how much, if any, permanent disability resulted from your work injury.

Mediation conference: A voluntary conference held before an I&A officer to resolve a dispute if you are not represented by an attorney.

Medical care: See medical treatment.

Medical-legal report: A report written by a doctor that describes your medical condition. These reports are written to help clarify disputed medical issues.

Medical provider network (MPN): An entity or group of health care providers set up by an insurer or self-insured employer and approved by DWC's administrative director to treat workers injured on the job.

Medical treatment: Treatment reasonably required to cure or relieve the effects of a work-related injury or illness. Also called medical care.

Medical treatment utilization schedule (MTUS): Doctors in California's workers' compensation system are required to provide evidence-based medical treatment. That means they must choose treatments scientifically proven to cure or relieve work-related injuries and illnesses. Those treatments are laid out in the medical treatment utilization schedule (MTUS), which contains a set of guidelines that provide details on which treatments are effective for certain injuries, as well as how often the treatment should be given, the extent of the treatment, and for how long, among other things.

Medical Unit: A unit within the DWC that oversees medical provider networks (MPNs), independent medical review (IMR) physicians, health care organizations (HCOs), qualified medical evaluators (QMEs), panel QMEs, utilization review (UR) plans, and spinal surgery second opinion physicians. Formerly called the Industrial Medical Council (IMC).

Modified work: Your old job, with some changes that allow you do to it. If your doctor says you will not be able to return to your job at the time of injury, your employer is encouraged to offer you modified work instead of supplemental job displacement benefits or vocational rehabilitation benefits.

Nontransferable voucher: A document you get from the insurance company that must be completed by both you and the insurance company. This is the document used to provide payment for education under the supplemental job displacement benefit program.



Notice: See benefit notice.

Objective factors: Measurements, direct observations and test results a treating physician, QME or an AME says contribute to your permanent disability.

Off calendar (OTOC): A WCAB case in which there is no pending action.

Offer of modified or alternative work form (RU-94): A form you get from the insurance company if: you were injured before 2004 and; your treating physician says you probably will never return to your job or one like it and; your employer is offering modified or alternative work instead of vocational rehabilitation benefits.

Offer of modified or alternative work (DWC form #AD 10133.53): A form you get from the insurance company if: you were injured in 2004 or later and; your treating physician reports you have a permanent disability and; your employer is offering modified or alternative work instead of a supplemental job displacement benefit. This form also explains how your permanent disability payments may be lowered by 15 percent because your employer is returning you to work.

Panel qualified medical evaluator (QME): A list of three independent qualified medical evaluators (QMEs) issued by the DWC Medical Unit. You select any one of the three doctors for your evaluation. If you have an attorney, other rules apply.

Party: Normally this includes the insurance company, your employer, attorneys and any other person with an interest in your claim (doctors or hospitals that have not been paid).

Permanent and stationary (P&S): Your medical condition has reached maximum medical improvement. Once you are P&S, a doctor can assess how much, if any, permanent disability resulted from your work injury. If your disability is rated under the 2005 schedule you will see the term maximal medical improvement (MMI) used in place of P&S. See also P&S report.

Permanent disability (PD): Any lasting disability that results in a reduced earning capacity after maximum medical improvement is reached.

Permanent disability rating (PDR): A percentage that estimates how much a job injury permanently limits the kinds of work you can do. It is based on your medical condition, date of injury, age when injured, occupation when injured, how much of the disability is caused by your job, and your diminished future earning capacity. It determines the number of weeks you are entitled to permanent disability benefits.



Permanent disability rating schedule (PDRS): A DWC publication containing detailed information used to rate permanent disabilities. One of three schedules will be used to rate your disability, depending on when you were injured.

Permanent disability (PD) benefits: Payments you receive when your work injury permanently limits the kinds of work you can do or your ability to earn a living.

Permanent disability advance (PDA): A voluntary lump sum payment of permanent disability you are due in the future.

Permanent disability payments: A mandatory bi-weekly payment based on the undisputed portion of permanent disability received before and/or after an award is issued.

Permanent partial disability award: A final award of permanent partial disability made by a workers' compensation judge or the Workers' Compensation Appeals Board.

Permanent partial disability (PPD) benefits: Payments you receive when your work injury partially limits the kinds of work you can do or your ability to earn a living.

Permanent total disability (PTD) benefits: Payments you receive when you are considered permanently unable to earn a living.

Penalty: An amount of money you receive because something wasn't done correctly in your claim. Paid by your employer or the insurance company, the penalty amount can be an automatic 10 percent for a delay in one payment to you, or a 25 percent penalty -- up to \$10,000 -- for an unreasonable delay.

Personal physician: A doctor licensed in California with an M.D. degree (medical doctor) or a D.O. degree (osteopath), who has treated you in the past and has your medical records.

Petition for reconsideration (Recon): A legal process to appeal a decision issued by a workers' compensation judge. Heard by the Workers' Compensation Appeals Board Reconsideration Unit, a seven-member, judicial body appointed by the governor and confirmed by the Senate.

Physician: A medical doctor, an osteopath, a psychologist, an acupuncturist, an optometrist, a dentist, a podiatrist or a chiropractor licensed in California. The definition of personal physician is more limited. See personal physician.

Predesignated physician: A physician that can treat your work injury if you advised your employer in writing prior to your work injury or illness and certain conditions are met. See predesignation.



Predesignation: The process you use to tell your employer you want your personal physician to treat you for a work injury. You can predesignate your personal doctor of medicine (M.D.) or doctor of osteopathy (D.O.) if: your employer offers group health coverage; the doctor has treated you in the past and has your medical records; prior to the injury your doctor agreed to treat you for work injuries or illnesses and; prior to the injury you provided your employer the following in writing:

- Notice that you want your personal doctor to treat you for a work-related injury or illness and
- Your personal doctor's name and business address.

Primary treating physician (PTP): The doctor having overall responsibility for treatment of your work injury or illness. This physician writes medical reports that may affect your benefits. Also called treating physician or treating doctor.

Proof of service: A form used to show that documents have been sent to specific parties.

P&S report: A medical report written by a treating physician that describes your medical condition when it has stabilized. See also permanent and stationary.

Qualified injured worker (QIW): Entitled to vocational rehabilitation benefits. This benefit applies only if you were injured before Jan. 1, 2004.

Qualified medical evaluator (QME): An independent physician certified by the DWC Medical Unit to perform medical evaluations.

Qualified rehabilitation representative (QRR): A person trained and able to evaluate, counsel, and place disabled workers in new jobs. Also called rehabilitation counselor.

Rating: See permanent disability rating.

Reconsideration: See petition for reconsideration.

Reconsideration of a summary rating: A process used when you don't have an attorney and you think mistakes were made in your permanent disability rating.

Reconsideration Unit: See appeals board.

Regular work: Your old job, paying the same wages and benefits as paid at the time of an injury and located within a reasonable commuting distance of where you lived at the time of your injury.

Rehabilitation consultant: A DWC employee who oversees vocational rehabilitation procedures, makes decisions about vocational rehabilitation benefits and helps resolve disputes.

Rehabilitation counselor: See qualified rehabilitation representative (QRR).



Rehabilitation Unit: A unit within DWC that resolves vocational rehabilitation disputes, approves potential settlements of vocational rehabilitation services, and reviews and approves vocational rehabilitation plans for injuries that happened before Jan. 1, 2004.

Restrictions: See work restrictions.

Schedule for rating permanent disabilities: See permanent disability rating schedule.

Settlement: An agreement between you and the insurance company about your workers' compensation payments and future medical care. Settlements must be reviewed by a workers' compensation judge to make sure they are adequate.

Serious and willful misconduct (S&W): A petition filed if your injury is caused by the serious and willful misconduct of your employer.

Social Security disability benefits: Long-term financial assistance for totally disabled persons. These benefits come from the U.S. Social Security Administration. They are reduced by workers' compensation payments you receive.

Specific injury: An injury caused by one event at work. Examples: hurting your back in a fall, getting burned by a chemical splashed on your skin, getting hurt in a car accident while making deliveries.

State average weekly wage: The average weekly wage paid in the previous year to employees in California covered by unemployment insurance, as reported by the U.S. Department of Labor. Effective 2006, temporary disability benefit increases are tied to this index.

State disability insurance (SDI): A partial wage-replacement insurance plan paid out to California workers by the state Employment Development Department (EDD). SDI provides short-term benefits to eligible workers who suffer a loss of wages when they are unable to work due to a non work-related illness or injury, or a medically disabling condition from pregnancy or childbirth. Workers with job injuries may apply for SDI when workers' compensation payments are delayed or denied. Call 1-800-480-3287 for more information on SDI.

Stipulated rating: Formal agreement on your permanent disability rating. Must be approved by a workers' compensation judge.

Stipulation with award: A settlement of a case where the parties agree on the terms of an award. This is the document the judge signs to make the award final.

Stipulations with Request for Award (Stips): A settlement in which the parties agree on the terms of an award. It may include future medical treatment. Payment takes place over time. This document is provided to the judge for final review.



Subjective factors: The amount of pain and other symptoms described by an injured worker that a doctor reports as contributing to a worker's permanent disability. Subjective factors are given very little weight under the 2005 rating schedule as the schedule relies mainly on objective measurements.

Subpoena: A document that requires a witness to appear at a hearing.

Subpoena Duces Tecum (SDT): A document that requires records be sent to the requester.

Summary rating: The percentage of permanent disability calculated by the DWC Disability Evaluation Unit.

Summary rating reconsideration: A procedure used if you object to the summary rating issued by the DWC Disability Evaluation Unit.

Supplemental job displacement benefit (SJDB): A workers' compensation benefit. If you were injured in 2004 or later, and have a permanent partial disability that prevents you from doing your old job, and your employer does not offer other work, you qualify for this benefit. It is in the form of a voucher that promises to help pay for educational retraining or skill enhancement, or both, at state-approved or state-accredited schools. Also called voucher.

Temporary disability (TD or TTD): Payments you get if you lose wages because your injury prevents you from doing your usual job while recovering.

Temporary partial disability (TPD) benefits: Payments you get if you can do some work while recovering, but you earn less than before the injury.

Temporary total disability (TTD) benefits: Payments you get if you cannot work at all while recovering.

Transportation expenses: A benefit to cover your out-of-pocket expenses for mileage, parking and toll fees related to a claim. Usually a reimbursement.

Treating doctor: See primary treating physician.

Treating physician: See primary treating physician.

Uninsured Employers Benefits Trust Fund (UEBTF): A fund, run by the DWC, through which your benefits can be paid if your employer is illegally uninsured for workers' compensation.

Utilization review (UR): The process used by insurance companies to decide whether to authorize and pay for treatment recommended by your treating physician or another doctor.



Vocational & return to work counselor (VRTWC): If you have a permanent disability, this is the person or entity that helps you develop a return to work strategy. They evaluate you, provide counseling and help you get ready to work. A VRTWC must have at least an undergraduate degree in any field and three or more years of full time experience.

Vocational rehabilitation (VR): A workers' compensation benefit. If you were injured before 2004 and are permanently unable to do your usual job, and your employer does not offer other work, you qualify for this benefit. It includes job placement counseling to help you find another job. It may also include retraining and a vocational rehabilitation maintenance allowance.

Vocational rehabilitation maintenance allowance (VRMA): Payments to help you with living expenses while participating in vocational rehabilitation. See vocational rehabilitation.

Voucher: See supplemental job displacement benefit and nontransferable voucher.

Wage loss (temporary partial disability): See temporary partial disability benefits.

Workers' Compensation Appeals Board (WCAB): Consists of 23 local offices plus satellites throughout the state where disagreements over workers' compensation benefits are initially heard by workers' compensation judges. The WCAB Reconsideration Unit in San Francisco is a seven-member, judicial body appointed by the governor and confirmed by the Senate that hears appeals of decisions issued by local workers' compensation judges.

Workers' Compensation Insurance Rating Bureau (WCIRB): An agent of the state Department of Insurance and funded by the insurance industry, this private entity provides statistical and rating information for workers' compensation insurance and employer's liability insurance, and collects and tabulates information to develop pure premium rates.

Work restrictions: A doctor's description of the work you can and cannot do. Work restrictions help protect you from further injury.

Workers' compensation administrative law judge: A DWC employee who makes decisions about workers' compensation disputes and approves settlements. Judges hold hearings at local Workers' Compensation Appeals Board (WCAB) offices, and their decisions may be reviewed and reconsidered by the Reconsideration Unit of the WCAB. Also called workers' compensation judge.

Workers' compensation judge: See workers' compensation administrative law judge.



Sedgwick CSU/AORMA Team members

Sedgwick CMS - CSU/AORMA Team						
CSU/AORMA Program Manager & Client Services Director: Shane Cole Mobile: 916-847-3305 shane.cole@sedgwick.com						
Operations Manager: Candace Maibes Office: 916-636-1530 candace.maibes@sedgwick.com			Direct Reports: Rebecca Tiffany			
Claims Manager: Rebecca Tiffany Office: 916-771-2984 rebecca.tiffany@sedgwick.com			Direct Reports: Brian Montagnese, Dan Rider			
CSU and AORMA PO Box 14629 Lexington, KY 40512-4629 FAX: 916-851-8089 Fax SHC Bills to 916-851-8079						
Claims Supervisor: Brian Montagnese 916-852-2944 brian.montagnese@sedgwick.com			Hours: 7:45a - 3:45p	Direct reports: Megan Warren, Ginger Pierce Jessica Magpayo, Ezra Sprenger, Katie Brant Samantha Brown		
Claims Supervisor: Dan Rider 916-852-2943 Daniel.Rider@sedgwick.com			Hours: 7:00a - 3:00p	Direct reports: Randi Wilson, Randy Gee, Susan Neville Daniel Lee, Yvonne Rivera, Gabrielle Haas		
Claim Representative - JURIS ID	Campus	Phone	Email	Hours	CDO	Backup
Megan Warren - mwarren	Chico State, CSU Los Angeles	916-852-2946	megan.warren@sedgwick.com	6:00-2:50	Monday	Ezra
Ezra Sprenger - ezras	CSU East Bay, CSU Dominguez Hills, CSU Channel Island	916-852-2947	ezra.sprenger@sedgwick.com	8:30-4:30	Friday	Megan
Randy Gee - randygee	Sonoma State/Cal Poly Humboldt/CSU Stanislaus/CSU San Bernardino	916-852-2952	Randy.Gee@sedgwick.com	7:30-4:00	Friday	Randi
Katie Brant - kbrant	AORMA (A-Q)	916-852-2953	katie.brant@sedgwick.com	7:00-3:50	Friday	Samantha
Samantha Brown - samanb	San Francisco State University/AORMA (R-Z)	916-636-4491	Samantha.Brown@sedgwick.com	8:00-4:00		Katie
Gabrielle Haas - ghaas	High Exposure claims	916-771-2922	gabrielle.haas@sedgwick.com	7:00-3:50	Monday	Daniel
Randi Wilson - randiw	CSU San Marcos, CSU Monterey Bay, Cal Poly Pomona	916-852-2951	Randi.Wilson@sedgwick.com	8:30-4:30	Friday	Randy
Jessica Magpayo - jmagpayo	San Diego State University, Sacramento State, Cal Poly SLO (M-Z)	916-852-2948	Jessica.Magpayo@Sedgwick.com	7:30-4:00	Monday	Ginger
Susan Neville - sneville	CSU Northridge	916-771-2953	susan.neville@sedgwick.com	8:00-5:00	Friday	Yvonne
Ginger Pierce - gpierce	Cal Poly San Luis Obispo (A-L), CSU Fresno	916-771-2954	ginger.pierce@sedgwick.com	7:00-3:50	Monday	Jessica
Yvonne Rivera - yriviera	San Jose State University, CSU Fullerton, Chancellors Office, Maritime	510-302-3041	Yvonne.Rivera@sedgwick.com	7:20-4:10	Monday	Susan
Daniel Lee - dlee1	CSU Long Beach, CSU Bakersfield	925-598-6968	Daniel.Lee@Sedgwick.com	7:00-3:50	Friday	Gabe
Claims Assistant		Phone	Email			
Tracy Corum - corumt		916-852-2954	Tracy.Corum@sedgwick.com			

CSU The California State University

C/O: The Office of the Chancellor
401 Golden Shore, 5th Floor
Long Beach, California 90802-4210
Telephone - (562) 951-4580
Fax - (562) 951-4967

CLIENT CONTACTS:

Zachary Gifford	Sr. Director, Systemwide Risk Management Office of Risk Management	Phone: 562-951-4568 Cell Phone: 562-577-1632 Fax: 562-951-4859 E-mail: zgifford@calstate.edu
Scott Bourdon	Interim Director, Systemwide Risk Management Office of Risk Management	Phone: 562-951-4938 (direct) Cell: 562-577-1631 Fax: 562-951-4859 Email: sbourdon@calstate.edu
Shane Cole	Sedgwick CSU Program Manager Director Client Services	Cell: 916-847-3305 E-mail: Shane.Cole@sedgwick.com
Candace Maibes	Sedgwick CSU Program Vice President Operations	Phone: 916-636-1530 Cell: 916-223-4609 Email: candace.maibes@sedgwick.com
Rebecca Tiffany	Sedgwick CSU Program Claims Manager	Phone: 916-771-2984 Rebecca.Tiffany@sedgwick.com
Daniel J. Howell	Alliant Specialty, Sr. EVP & MD CSU Program Admin.	Phone: 415-403-1426 Cell: 415-309-1243 dhowell@alliant.com
Mimi Long	Alliant Specialty – Vice President CSURMA JPA Program Admin.	Phone: 415-403-1423 Cell: 415-609-5166 mlong@alliant.com
Amy Lightner	Alliant Specialty – Vice President CSURMA JPA	Phone: 415-403-1457 Cell: 415-660-0992 Email: Amy.Lightner@alliant.com
Deanna Jacona	CSU Claims Consultant, Senior Claims Manager, Hudson Claims Consulting	Phone: 530-605-7152 Email: deanna@hudsonclaimsconsulting.com
Eddy Canavan	Claims Advisor, Hudson Claims Consulting	Phone: 714-403-2978 Email: eddy@hudsonclaimsconsulting.com

