



Reinisch
Wilson Weier PC
LAW OFFICES

The 2021 Basic **Oregon**
Workers' Compensation
Certification Course

Final Exam Online

INSTRUCTIONS FOR FINAL EXAMINATION

You will have exactly three hours to complete this test. [Tip: Do the questions you can answer quickly FIRST, then go back to the rest!!!!]

You may use any written materials you wish plus a calculator to aid you in answering the questions.

Note that there are two parts to the exam. Within each test there are special instructions applying to groups of questions. Be sure to read these carefully before proceeding.

- **Part I** is multiple choice. There is only one “best” answer to each question. **Circle or write your answers on the answer sheet.**
- **Part II** consists of a Sample File and a set of questions. **Write your answers on the answer sheet and on the Form 1502 as directed.**

TO QUALIFY FOR CERTIFICATION, YOU MUST SCORE AT LEAST 80% ON EACH OF THE TWO PARTS OF THE EXAM.

To plan your time, it should take you a little over 1 hour to complete Part I, and close to 2 hours to complete Part II although this will vary with the individual. You may do the Parts of the exam in any order you wish.

You may leave the room at any time, but please do not discuss the test with each other or contact anyone else during the exam.

Good luck.

**BASIC OREGON
WORKERS' COMPENSATION
CERTIFICATION COURSE**

FINAL EXAMINATION PART I:

QUESTIONS

BEGIN PART ONE

I. GENERAL PRINCIPLES AND ADMINISTRATIVE STRUCTURE

1. Approximately how old is Oregon's workers' compensation system?
 - a. 50 years
 - b. 100 years
 - c. 200 years
 - d. 250 years

2. Which of these groups would be most likely make use of a "TPA"?
 - a. Small Employers
 - b. Vocational Providers
 - c. Self-Insured Employers
 - d. Attending Physicians

3. Which of the following administrative rules would you consult to confirm the qualifications to be met in order to obtain certification as a self-insured employer?
 - a. OAR 436-050-0005
 - b. OAR 436-050-0110
 - c. OAR 436-050-0150
 - d. OAR 436-050-0200

4. Which statute lists the "legislative findings" and policies on which Oregon's workers' compensation law is based.
 - a. ORS 656.005
 - b. ORS 656.206
 - c. ORS 656.801
 - d. ORS 656.012

5. Which agency conducts most of the *litigation* within the workers' compensation system?
- a. Workers' Compensation Board
 - b. DCBS
 - c. Circuit Courts
 - d. Compliance Section
6. What is the name of the notice that an insurer generates in order to document that an employer has obtained workers' compensation insurance for its employees?
-
7. What is the title of the person who serves as head of the Oregon Workers' Compensation Division *within* Department of Consumer & Business Services (not the Director of Department of Consumer & Business Services itself)?
-
8. The Workers Compensation Department's workers' compensation administrative rules are always preceded by what 3-digit number?
-
9. True or False? The workers' compensation system is the sole area supervised by the Department of Consumer & Business Services?
-

II. COMPENSABILITY PRINCIPLES

10. The medical causation standard for *ordinary* on-the-job injury claims is:
- a. Major contributing cause
 - b. Clear and convincing evidence
 - c. Sole cause
 - d. Material contributing cause

11. The medical causation standard for all occupational disease claims is:
 - a. Major contributing cause
 - b. Clear and convincing evidence
 - c. Sole cause
 - d. Material contributing cause
12. The “going and coming rule” generally excludes from compensation injuries sustained while:
 - a. Commuting
 - b. Traveling to obtain medical treatment
 - c. Engaging in breaks
 - d. Traveling to the Hearings Division
13. Which of these statutes contains provisions specifying special proof requirements in order to establish the compensability of an injury claim that involves a “consequential condition”?
 - a. ORS 656.156(1)
 - b. ORS 656.005(7)(a)(A)
 - c. ORS 656.005(7)(a)(B)
 - d. ORS 656.307
14. Which of these factors is not to be considered in determining whether an injury is compensable?
 - a. Claimant was injured while on work premises.
 - b. Claimant was injured during work hours.
 - c. Claimant was injured while on a personal mission.
 - d. Claimant was injured through his own fault or negligence.

III. CLAIMS ADMINISTRATION

CITE THE OAR (INCLUDING SUBPARAGRAPHS) A CLAIMS EXAMINER WOULD CONSULT IN ORDER TO ACCOMPLISH EACH OF THE FOLLOWING TASKS:

15. Compute the average weekly wage for a worker who makes “irregular” wages.

OAR _____

16. Terminate the compensation of a worker who has repeatedly missed appointments with the attending physician.

OAR _____

17. Determine whether an employer timely reported the injury to its insurer.

OAR _____

18. Find the formula for computing a worker's temporary partial disability rate.

OAR _____

19. Which form would an insurer use to notify the Department of its initial processing on an accepted disabling claim?

- a. Form 801
- b. Form 827
- c. Form 1502
- d. Form 829

20. If the worker writes the insurer to request that it change the initial classification of his claim from nondisabling to disabling, name the document the insurer must issue to indicate it does not agree the claim is disabling?

- a. Notice of Refusal to Close
- b. Petition for Judicial Review
- c. Notice of Hearing
- d. Notice of Refusal to Reclassify

21. If a worker's TTD rate would be \$350 per week, what would his rate be for interim compensation?

- a. Full reimbursement of his average weekly wage
- b. 50% of TTD rate (\$175 per week)
- c. Same as TTD rate
- d. 66 2/3 % of TTD rate

22. What amount in TTD benefits should an injured worker expect while he or she is incarcerated after a criminal arrest or conviction?
- a. Average weekly wage
 - b. 50 cents per license plate
 - c. \$0 per week
 - d. The same as for any non-incarcerated worker
23. Which of these kinds of physicians does not fall into any of the categories of physicians who may authorize the payment of time loss benefits under Oregon law?
- a. Osteopaths
 - b. Acupuncturists
 - c. Oral or Maxillofacial Surgeons
 - d. Medical Doctors (M.D.s)
24. Which of these injuries would rise to the level of a claim involving a compensable injury requiring the employer to provide a completed Form 801 with its insurer for processing?
- a. Worker sprains ankle; takes an aspirin.
 - b. Worker sprains ankle; works through it.
 - c. Worker sprains ankle; threatens a lawsuit.
 - d. Worker sprains ankle; obtains a pain prescription from a physician.
25. True or False? On an aggravation claim, interim compensation is not due until 14 days after an insurer's receipt of medical verification of a worker's inability to work?
-

26. Cite the OAR that provides information on when an insurer must complete and submit a Form 1502 to WCD to report any processing developments in a claim?

OAR _____

IV. MEDICAL SERVICES AND FEES

27. Under the workers' compensation law, potentially how long does a worker's entitlement to medical services on an accepted claim last?
 - a. 180 days
 - b. 1 year
 - c. 5 years
 - d. Lifetime

28. Outside of an MCO, for how long may a chiropractor authorize time loss benefits on an initial claim?
 - a. Until the worker is medically stationary
 - b. 30 days, or until the worker's 18th visit to a Category B physician
 - c. 60 days, or until the worker's 18th visit to a Category B physician
 - d. Until the cows come home

29. Cite the administrative rule that prohibits employers from interfering with an injured worker's choice of physician to treat a work injury (except for claims enrolled with an MCO)?
 - a. OAR 436-060-0010(6)
 - b. OAR 436-060-0005(1)
 - c. OAR 436-060-0020(1)
 - d. OAR 436-060-0030(2)

30. In the first 60 days of treatment, how many office visits are generally permitted with an *ancillary provider*?
 - a. 5
 - b. 10
 - c. 15
 - d. 20

31. What form is commonly used to indicate a change of attending physician by an injured worker?
- a. Form 827
 - b. Form 801
 - c. Form 1644
 - d. Request for Hearing Form

V. CITATIONS TO ADMINISTRATIVE RULES

Cite the OAR an examiner would consult to find the procedure for accomplishing each of the following:

32. Investigate and respond to a request to perform *elective surgery*.

OAR _____

33. Confirming the limits on an injured worker's right to change attending physicians.

OAR _____

34. File a request for Department review of proposed medical services by the Department's Medical Resolution Team?

OAR _____

35. File a request for Department review of a physician's bill for services to determine whether the physician has charged too much for a particular procedure or service.

OAR _____

36. Process a request for palliative care by an attending physician.

OAR _____

37. What does MCO stand for?

38. True or False? Workers who have been granted *permanent total disability* status are entitled to receive palliative care, even though their conditions are medically stationary.

39. True or False? Attending physicians treating workers' compensation claimants may only make three referrals to specialists over the course of a claim.

40. Absent some basis to challenge it under the rules, how long does an insurer have from receipt of a medical bill to issue payment for it?

41. What is the common abbreviation for the standardized code hospitals must use on billings to identify the *diagnosis* being treated?

VI. CLAIMS CLOSURE AND EVALUATION

42. Name the document utilized by an insurer to close a disabling claim and advise the worker of any benefits awarded at closure.

43. Name the Department "unit" to which workers or insurers must first file any appeal of a Notice of Closure.

44. How many working days does the Department have to issue an Order on Reconsideration assuming there is *no* need to schedule a medical arbiter's examination (*i.e.* no one checks "Box 4" of the Request for Reconsideration form)?

45. Cite the statute which defines the term "medically stationary".

46. True or False? The Department must schedule a medical arbiter's exam in every case where a worker submits a request for reconsideration of a Notice of Closure.

47. Which of these factors determines whether a worker is entitled to a “work disability” award as part of the permanent disability benefits awarded at the time of claim closure?
- a. Has the worker been released by their attending physician to return to the regular work they were doing at the time of their injury?
 - b. Has the worker applied for unemployment benefits?
 - c. Is the worker legally authorized to work in the United States?
 - d. Is the worker eligible for Social Security disability benefits?
48. Which of these forms must be completed in the process of issuing a Notice of Closure on a claim?
- a. Form 1502
 - b. Form 1503
 - c. Form 827
 - d. Form 2166
49. Which of these statements by an attending physician most likely satisfies the legal definition of “medically stationary”?
- a. “I expect the worker to improve with more treatment.”
 - b. “I expect the worker will get better given more time.”
 - c. “I do not expect the worker to get better with more treatment.”
 - d. “The worker will get much better if you pay my bill right away.”
50. Under the rules, once an insurer obtains “sufficient information” for computation of PPD and claim closure, how long does it have to issue a Notice of Closure?
- a. 5 days
 - b. 14 days
 - c. 30 days
 - d. 180 days

51. Under the rules, how long after it issues a Notice of Closure does an insurer have to pay any additional *temporary disability* benefits that are owed to the worker?
- a. 10 days
 - b. 14 days
 - c. 30 days
 - d. 180 days
52. What form does the Department use to demand further information from an insurer regarding its processing on a claim?
- a. Form 827
 - b. Form 873
 - c. Form 828
 - d. Form 829
53. Another common name for nondisabling claims is:
- a. Time loss claims
 - b. 307 claims
 - c. Claims to fame
 - d. Medical only claims
54. What WCD Bulletin offers advice on completing the forms and calculations necessary to compute the worker's PPD award for a Notice of Closure?
- a. Bulletin No. 111
 - b. Bulletin No. 232
 - c. Bulletin No. 238
 - d. Bulletin No. 239
55. Once an insurer issues a "Notice of Refusal to Close" a claim, how long does a worker have to appeal it by filing a request for hearing?
- a. 30 days
 - b. 45 days
 - c. 60 days
 - d. 180 days

56. When an attorney successfully obtains an increase in PPD by filing a “request for reconsideration” by the Department Appellate Review Unit (ARU), what is the maximum percentage of the increase the attorney will be awarded as an attorney fee?
- a. 10% of the increased award
 - b. 25% of the increased award
 - c. 50% of the increased award
 - d. 75% of the increased award

VII. PERMANENT DISABILITY AWARDS AND FATAL BENEFITS

57. Cite the administrative rule from the PPD Standards that contains information on how to value a worker’s **“age”** in rating a PPD award.

OAR _____

58. True or False? In calculating a worker’s permanent disability award, the rules permit an insurer to utilize permanent impairment measurements provided by an IME physician, regardless of whether the attending physician concurs with them?

59. What is the designation for that part of an injured worker’s PPD award that is based exclusively on medical “impairment findings”?
- a. Work Disability Award
 - b. Temporary Partial Disability Award
 - c. Unscheduled Award
 - d. Impairment Award
60. Which of the following is among the benefits that may be awarded in the event the worker sustains a fatal compensable injury?
- a. Burial benefits
 - b. Monthly benefits paid to a surviving spouse
 - c. Monthly benefits paid to a surviving beneficiary or child
 - d. All of the above

VIII. CLAIMS LITIGATION - PROCEDURES

61. True or False? Insurers may deny a claim by phone, so long as the call is documented in the insurer's file?
-
62. How long from the employer's notice or knowledge of a claim does an insurer have to issue either a Notice of Acceptance or a denial letter?
-
63. True or False? A worker or insurer has 30 days from the mailing date of a Department Order on Reconsideration to file a request for hearing by a Workers' Compensation Board ALJ?
-
64. Assuming no "good cause" is shown, how long does a worker have to request a hearing from the Workers' Compensation Board to challenge a compensability denial?
-
65. True or False? An insurer must provide copies of the medical file to the worker upon request so long as the worker pays for the copies.
-
66. What is the formal name given the written decision an Administrative Law Judge (ALJ) issues after conducting a hearing that the worker requested to challenge a compensability denial?
-
67. True or False? If an ALJ awards a worker additional PPD benefits in an Opinion & Order, they must be paid within 30 days, even if the insurer appeals the award.
-
68. To what body (what tribunal or reviewing agency) would a party file an appeal of an ALJ's Opinion & Order?
-

69. True or False? If an ALJ overturns a denial and orders that a particular condition is compensable, the insurer must pay the medical bills for it, even if the insurer appeals the Opinion & Order.
-
70. How long after the Workers' Compensation Board Members issue an Order on Review does a party have to file an appeal to the Court of Appeals?
-
71. Which party (worker or insurer) bears the burden of proof in a hearing contesting an ordinary compensability denial?
-

IX. CLAIMS LITIGATION – ISSUES, FEES AND SETTLEMENTS

72. Which of these rules is commonly applied to decide disputes over responsibility among several insurers?
- a. The Medical Services Rules
 - b. The Traveling Employee Rule
 - c. The Last Injurious Exposure Rule
 - d. The Hearsay Rule
73. True or False? The Department will refuse to issue a .307 Order if any of the insurers on the case have denied compensability?
-
74. Which of the following would an insurer issue to notify a worker it disputes *responsibility* for the claim?
- a. A denial
 - b. Petition for Supreme Court Review
 - c. Form 1503
 - d. Determination Order

75. Which carrier is ordinarily designated as the temporary paying agent on a claim under a .307 order?
- a. The insurer with the most recent date of injury
 - b. The insurer with the lowest time loss rate
 - c. The insurer with the oldest date of injury
 - d. The insurer with the most money
76. When an attorney for an injured worker first succeeds in obtaining a litigation order that overturns an employer's denial, how is the attorney fee paid?
- a. The insurer pays an assessed fee in addition to benefits.
 - b. The worker pays it out of his pocket.
 - c. The attorney receives 25% of the worker's benefits.
 - d. The attorney applies to the Bar for a hardship award.
77. Which of these documents is not a recognized method for settling a workers' compensation claim?
- a. Disputed Claim Settlement (DCS)
 - b. Stipulated Settlement (Stip)
 - c. Claim Disposition Agreement (CDA)
 - d. Vocational Services Waiver (VSW)
78. Assuming they are not represented by counsel and cannot waive it, how long does a worker have to reconsider and withdraw his or her agreement to a Claims Disposition Agreement ("cooling off period") after it is submitted to the Board for approval?
- a. 10 days
 - b. 30 days
 - c. 45 days
 - d. None of the above

X. VOCATIONAL ASSISTANCE

79. True or False? Vocational assistance benefits are available to workers with nondisabling claims.
-
80. Name the only type of vocational assistance for which time loss benefits may be paid to the worker during participation.
-
81. Name the Department Unit that regulates the delivery of vocational assistance benefits and initially resolves disputes over such benefits.
-
82. True or False? A worker must be legally authorized to work in the United States in order to be deemed eligible for vocational assistance benefits.
-

XI. DEPARTMENT FUNDS AND RESERVES

83. What does EAIP stand for?
-
84. Which of these is a requirement for a worker to obtain a preferred worker card?
- a. a permanent disability preventing return to regular work
 - b. a satisfactory work record
 - c. an inside connection in the Department
 - d. expiration of all rights to unemployment compensation
85. Which of these is not available to employers or insurers who hire preferred workers?
- a. three year exemption from workers' compensation insurance premiums for the worker
 - b. three year exemption from workers' compensation liability for new injuries
 - c. wage subsidies

- d. free group health care insurance for the workers' dependents
 - 86. Which kind of workers' compensation benefit is eligible for reimbursement from the Reopened Claims Program?
 - a. TTD/TPD paid under the Board's Own Motion jurisdiction
 - b. Medical services paid under ORS 656.245
 - c. Vocational assistance benefits
 - d. None of the above
 - 87. True or False? The Department must approve any settlements in advance if the insurer intends to seek reimbursement from any Worker Benefit Fund program.
-

XII. THE OREGON WORKERS COMPENSATION LAW (ORS Chapter 656)

CITE THE STATUTE THAT PRIMARILY ADDRESSES EACH OF THE FOLLOWING TOPICS:

- 88. Permanent Total Disability Benefits _____
- 89. Death Benefits ("Fatal" Benefits) to Survivors _____
- 90. Temporary Total Disability Benefits _____
- 91. Temporary Partial Disability Benefits _____
- 92. Medical Services Benefits _____
- 93. Permanent Partial Disability Benefits _____
- 94. Vocational Assistance Benefits _____
- 95. Compensability of Injuries Involving Illicit Drug or Alcohol Use _____
- 96. Workers Exempted from "Subject Worker" Status _____

XIII. INTERACTIONS WITH INDEPENDENT MEDICAL EXAMINATIONS

- 97. Cite the OAR you would consult to determine how to appropriately schedule a worker for an independent medical examination.
-

98. True or False? Only a medical provider approved by the Department may conduct IMEs?

99. Which of the following is a valid basis for a worker to object to appearing at an appropriately scheduled IME?

- a. The doctor conducting the IME is biased
- b. The location of the IME is unreasonable
- c. The cost of the IME is too high
- d. The worker cannot afford to take time off to attend the IME

100. Which of the following would likely constitute an unethical practice with regard to a claims examiner's interactions with the IME physician

- a. Requesting clarification of an opinion stated in the IME report
- b. Requesting advance notice and the opportunity to revise the IME report before it issues
- c. Submitting additional information to the IME provider and asking for a supplemental report that incorporates it
- d. Asking defense counsel or co-workers to recommend a qualified IME provider

XIV. BONUS QUESTIONS!!!!!!!!!!!!!!

101. What court-made “rule” generally addresses the compensability of injuries by workers who must live on-site at an employer’s premises?

102. Cite the administrative rule that specifically addresses the role and purposes of Form 827s.

103. In what division of the OARs will you find information about coverage responsibilities for employee “leasing companies.”?

104. Cite OAR you would use to compute the average weekly wage for a worker whose job pays a *monthly* salary.

105. How long does a party have to file a petition for Supreme Court review after the date that an adverse Court of Appeals decision issues?

END OF PART I

**BASIC OREGON
WORKERS' COMPENSATION
CERTIFICATION COURSE**

FINAL EXAMINATION PART II:

**QUESTIONS PERTAINING
TO THE SAMPLE FILE**

BEGIN PART II

Part II of this exam tests your ability to apply what you've learned in a very abbreviated processing exercise. You should have a sample file in your materials. Open to Page 1 and answer all the questions under the heading "PAGE 1" below. (Be sure to read all instructions carefully for needed information!) Then move to Page 2, and so forth. Plan your time carefully. The questions regarding the last page of the Sample File (Page 4) are worth a significant number of points.

Note that some questions have more than one part. For example, some ask for both an answer and a citation to the statute or rule that provides that answer. For full credit, answer all parts of a question.

Provide your answers on your answer sheet and on the blank 1502 provided.

PART A - Form 801

Assume "today" is the 15th of the month that the injury occurred.

You are claims examiner and received this Form 801 from the employer today. You mailed a Notice of Acceptance today specifying a "broken arm" as the accepted medical condition. You also sent along a time loss check for everything he was owed through the first 14 days of disability, and are completing the Form 1502 for mailing today, even though its early, just to get it out of the way.

1. Fill out Boxes 1 through 6 on the attached Form 1502.
(2 points for each entry - 12 points total)
2. Was the employer timely in getting the claim to you? Cite the pertinent OAR.
(2 points each)

Answer:
OAR:
3. If you deem it necessary to interview the worker about the injury, would it be permissible at this point for you to contact the worker directly to ask for more details about the injury? (2 points)
4. What form will you be looking for from the attending physician in the near future? (2 points)
5. Cite the OAR you will consult for authority if the attending physician disputes your authority to obtain a copy of his treatment records.
(2 points)

PART A – SAMPLE FILE

Insert self-insured employer and insurer name, address, phone number, and service company, if any.

Report of Job Injury or Illness Workers' compensation claim

Worker

To make a claim for a work-related injury or illness, fill out the worker portion of this form and give it to your employer. If you do not intend to file a workers' compensation claim with the insurance company, do not sign the signature line. Your employer will give you a copy.

Date of injury or illness: 7/1	Date you left work: 7/1	Time you began work on day of injury: 8 <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Regularly scheduled days off: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input checked="" type="checkbox"/> F <input checked="" type="checkbox"/> S <input type="checkbox"/> S	DEPT USE: Emp
Time of injury or illness: 10:00 <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Time you left work: 10:15 <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Check here if you have more than one job: <input type="checkbox"/>		Ins
What is your illness or injury? What part of the body? Which side? (Example: Sprained right foot) <input type="checkbox"/> Left <input checked="" type="checkbox"/> Right Broken arm				Occ
What caused it? What were you doing? Include vehicle, machinery, or tool used. (Example: Fell 10 feet when climbing an extension ladder carrying a 40-pound box of roofing materials) I slipped and fell off the loading dock.				Nat
				Part
				Ev
				Src
				2src

Information ABOVE this line; date of death, if death occurred; and Oregon OSHA case log number must be released to an authorized worker representative upon request.

Your legal name: Ima Whiner	Language preference: Eng	Birthdate:	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>
Your mailing address: 555 Easy Street	Home phone: (503) 222-2222		
Social Security no. (see Form 3283):	Occupation: freight loader	Work phone: on file	
Names of witnesses: Joe Snitch saw it. Just ask him.			
Name and phone number of health insurance company: NA		Name and address of health care provider who treated you for the injury or illness you are now reporting: Dr. Chamsaw Hack The Hack Clinic (on file)	
Were you hospitalized overnight? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Were you treated in the emergency room? <input type="checkbox"/> Yes <input type="checkbox"/> No			
By my signature, I am making a claim for workers' compensation benefits. The above information is true to the best of my knowledge and belief. I authorize health care providers and other custodians of claim records to release relevant medical records to the workers' compensation insurer, self-insured employer, claim administrator, and the Oregon Department of Consumer and Business Services. Notice: Relevant medical records include records of prior treatment for the same conditions or of injuries to the same area of the body. A HIPAA authorization is not required (45 CFR 164.512(I)). Release of HIV/AIDS records, certain drug and alcohol treatment records, and other records protected by state and federal law requires separate authorization.			
Worker signature: Ima Whiner	Completed by (please print): Ima Whiner	Date: 7/1	

Employer

Complete the rest of this form and give a copy of the form to the worker. Notify your workers' compensation insurance company within five days of knowledge of the claim. Even if the worker does not wish to file a claim, maintain a copy of this form.

Employer legal business name: Acme Freight	Phone: (503) 222-2223	FEIN:
If worker leasing company, list client business name: NA		Client FEIN:
Address of principal place of business (not P.O. Box): (on file)		Insurance policy no.:
Street address from which worker is/was supervised: (same)	ZIP:	Nature of business in which worker is/was supervised: loading trucks
Address where event occurred: (same)		
Was injury caused by failure of a machine or product, or by a person other than the injured worker? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Were other workers injured? <input type="checkbox"/> Yes <input type="checkbox"/> No	OSHA 300 log case no:	
Date employer knew of claim: 7/1	Date worker did not return to work: 7/10	Worker's weekly wage: \$ 1000
Employer signature: Joe Boss	Name and title (please print): BOSS	Date: 7/15

OSHA requirements: On-the-job fatalities and catastrophes must be reported to Oregon OSHA within eight hours. Report any accident that results in overnight hospitalization within 24 hours to Oregon OSHA. Call 800-922-2689, 503-378-3272, or Oregon Emergency Response, 800-452-0311, on nights and weekends.

801

PART A – SAMPLE FILE

INSURER'S REPORT

Worker's legal name: First MI Last		WCD file no.:	
Address:		Date of injury (month-day-year):	
City:	State:	ZIP:	Social Security no.:
Insured policy holder name as it appears on policy:			Insurer's claim no.:
Policy no.:			
Covered employer's legal name, if different from above:			
Covered employer's address:		City:	State: ZIP:
1	Status of claim at the time of filing this report. Check one in each column.	<input type="checkbox"/> (A) Accepted	<input type="checkbox"/> (D) Disabling
		<input type="checkbox"/> (X) Denied	<input type="checkbox"/> (N) Nondisabling
		<input type="checkbox"/> (Y) Occupational disease	<input type="checkbox"/> (O) Original injury
		<input type="checkbox"/> (N) Injury	<input type="checkbox"/> (R) Aggravation
	Date of death:	Mo. – Day – Yr.	
2	Reason for filing this form (At least one reason must be checked.) Complete on all reports. Attach forms 801 and 827 if not previously sent.	<input type="checkbox"/> (F) First report of claim (Enter date employer first knew of claim - if not reported on attached 801.) →	
		<input type="checkbox"/> Check if claim was previously accepted as nondisabling (Attach acceptance letter; enter date of acceptance.)	
		<input type="checkbox"/> (T) First report of new or omitted condition reopening (Check even if litigation ordered acceptance.)	
		<input type="checkbox"/> (R) First report of claim for aggravation (Enter date insurer received claim for aggravation.) →	
		<input type="checkbox"/> (V) First report of reopening for voc. training (Enter first date actively engaged in training program.) →	
		<input type="checkbox"/> (L) First report since litigation ordered acceptance (Enter date of order.) →	
		<input type="checkbox"/> (S) Change in acceptance or disability status (Attach copy of letter sent to worker explaining changes.)	
		<input type="checkbox"/> (P) Notice of partial denial of accepted claim (Attach copy of denial letter.)	
		<input type="checkbox"/> (C) Correction of wage, SSN, date employer first knew of claim, TTD rate, etc. (Explain below.)	
		<input type="checkbox"/> (O) Other (Explain below.)	
3	Weekly TTD rate based on paid-through date.	\$	Paid from (this open period):
			Paid through:
			OR <input type="checkbox"/> No compensation due. (Skip to #6; explain below).
4	Weekly wage Complete on first reports and wage changes.	\$	Explain weekly wage computation if based on information other than that shown on 801, or if 801 is not with first report.
5	Was first payment of compensation paid timely? Complete only on first reports.	<input type="checkbox"/> Yes If payment was made, provide date of first payment.	OR <input type="checkbox"/> Salary continued (self-insured employer).
		<input type="checkbox"/> No	<input type="checkbox"/> No compensation due. (Explain below.)
6	Was claim accepted or denied timely? Complete on acceptance or denial of claim only.	<input type="checkbox"/> Yes (Attach copy of acceptance or denial letter.)	FOR WCD USE ONLY
		<input type="checkbox"/> No	
7	Is worker enrolled in an MCO? Complete unless enrollment has been previously reported.	<input type="checkbox"/> Yes If "Yes," provide date of enrollment.	MCO no.:
		<input type="checkbox"/> No	
Explanations:			FOR WCD USE ONLY
I certify this information is true and correct and that all dates required are accurate.			
X Insurer's representative			Phone no. of representative Date mailed to WCD

PART B – SAMPLE FILE

July 15

**Dr. Chainsaw Hack, M.D.
210 CutEmUp Drive
Portland, OR 97222**

Re: Ima Whiner Workers' Compensation Claim

Dear Claims Examiner:

I have been treating this worker for two weeks, starting the day he broke his arm in a fall off of a loading dock while at work. My bookkeeping staff will forward the necessary Department form.

In my medical opinion, the fall was a material contributing cause of his fractured arm. As I told you by phone a week after he was injured, I authorized him to be off all work effective retroactively from his date of injury up until our scheduled examination next month. Upon examination, x-rays confirm the fracture, which is evidenced by marked swelling and visible bruising. I am sending Mr. Whiner to a physical therapist, who has already drafted a treatment plan that I have signed. It calls for 22 sessions over the next two months.

Also, as long as he was here, I treated Mr. Whiner for ongoing low back symptoms related to an old high school football injury. I have attached my bills for services rendered to both conditions. Please pay them both under this claim.

Compensably yours,

Chainsaw Hack, M.D.

PART B – Medical Report

You just received this medical report from the attending physician.

6. (a) Is Dr. Hack qualified to be an “attending physician” under Oregon law? (2 points)

(b) If you were unsure whether Dr. Hack qualifies as an “attending physician,” what Department document or resource would you consult for information on the varying levels of authority medical providers may exercise in Oregon workers’ compensation claims? (2 points)
7. (a) What is the medical causation “standard” that must be met for this claim to qualify as a “compensable injury”? (2 points)

(b) Does this doctor’s report appear to satisfy it? (2 points)
8. Based on Dr. Hack’s report, answer the following:
 - (a) Does Dr. Hack’s suggested course of action regarding the arm injury appear to comply with the treatment guideline in the applicable OAR? Why or why not? (2 points)

(b) Cite the applicable OAR. (2 points)

(c) If you and Dr. Hack disagree as to whether his suggested treatment for the arm injury complies with the OAR, identify the Department unit that would decide your dispute. (2 points)

9. Again based on Dr. Hack's report:

(a) Does Dr. Hack's letter contain information that is likely to satisfy the requirement that his opinion must be supported by "objective findings" in support of the claim? (3 points)

(b) Cite the statute that provides the pertinent definition. (2 points)

10. Again based on the letter:

(a) Is there a basis to challenge Dr. Hack's billing for treatment directed to the worker's back condition? Why or why not? (3 points)

(b) If the worker formally requests you to accept the back condition as a compensable condition under this claim and you decide to refuse the request, what document would you send out to indicate your decision? (2 points)

11. Assume you issue a *partial denial* of claimant's request to add the back condition to the accepted conditions in this claim and answer the following:

(a) How long would the worker have to file a request for hearing to challenge the partial denial? (2 points)

(b) Assuming that an ALJ sets aside the denial in an Opinion & Order, and also assuming that it awards the worker the following benefits, indicate below whether you would be required to commence payment of the following benefits to the worker while you are appealing the ALJ's order? (Circle the correct answer.) (2 points each)

PPD Benefits	Payable	Not Payable
Current/Ongoing TTD Benefits	Payable	Not Payable
Retroactive TTD Benefits	Payable	Not Payable

PART C – SAMPLE FILE

Recorded Statement of Joe Snitch

(Interview occurred three years after the insurer issued a Notice of Acceptance on the claim.)

Q. I am here interviewing Mr. Joe Snitch and recording it with his permission. I understand that you worked with Mr. Whiner at his place of employment when he broke his arm in a fall off of the loading dock several years ago.

A. Yes, I knew the joker. I was there when he started practicing his special moves for a ballroom dancing competition he had that night. He tried to do a triple jump in his cowboy boots and tripped and fell.

Q. Did you report that to the employer?

A. No. The supervisor had just given him a final warning about practicing his dance moves at work. They would have fired him for sure. Besides, it happened before we punched in on the time clock for the day. In all the confusion, I had forgotten about it. If anyone had asked me, though, I would have told them about it. I don't lie for anyone.

Q. Do you still see Mr. Whiner?

A. Occasionally. Last month, we started an arm wrestling team at the local bar together. The bar pays us each a wage of \$50 per day, five days a week, to put on a good show. I keep telling him he should stop because he keeps re-injuring his arm. His doctor is furious with him over it. It is also rough to schedule things with him because of his passion for "extreme" daredevil mountain climbing. That stuff is dangerous, but he doesn't miss it for anything. I understand he even started skipping his appointments for treatment with his attending physician because they interfered with his climbing trips. And those independent medical examination notice letters that he keeps getting from his insurer? Hah – he ignores them and uses them to start his fireplace. I don't know how he gets away with it.

Q. OK. I think I have what I need. Thank you. I will turn the recorder off now.

PART C – Statement from Joe Snitch

Assume that several years have passed since you accepted this claim. You are still paying medically authorized temporary total disability benefits (TTD) on the open claim. Recently, however, you were contacted by a person named Joe Snitch who gave you this recorded statement on the date indicated at the top of the transcript. Based on that transcript, answer the following questions.

12. Joe Snitch’s statement contains some additional information about the circumstances surrounding the original injury. Below, please list two factual circumstances that might have caused you to deny the **compensability** of the claim if you had known about them before you accepted it. Under each one, identify the **compensability** case law “rule” or statute that pertains to that factual circumstance. (3 points for each part of your answers):
1. (a) Factual Circumstance #1:

(b) Applicable compensability “rule” or statute:

 2. (a) Factual Circumstance #2:

(b) Applicable compensability “rule” or statute:
13. Even if this information does create a reasonable doubt about the compensability of the original injury, identify two reasons or circumstances that might legally prevent you from being able to revoke the original Notice of Acceptance by issuing a “back up” denial. (2 points each)
- (a)
 - (b)
14. Assuming that you issued such a denial and then negotiated a settlement with Mr. Whiner under which you would pay him \$20,000 in exchange for not challenging the denial. What type of settlement would you use to accomplish that? (2 points)

15. Now assume that you decide NOT to revoke your acceptance or issue any denials, and that claimant continues to be authorized to receive temporary disability benefits from Dr. Hack. Review Mr. Snitch's statement again to determine whether it contains any additional information that might constitute a basis under the OARs to terminate or reduce the time loss benefits currently being paid on the accepted claim. Below, identify two such pieces of information and then cite the OAR you would consult for the correct procedure to terminate or reduce compensation for each reason (3 points for each reason and for each OAR citation):

Reason #1:

Relevant OAR

Reason #2:

Relevant OAR

16. **(5 BONUS POINTS!)** Based on the information in Mr. Snitch's statement and the other information in your file, compute the *temporary partial disability* rate for claimant during the week described by Mr. Snitch in his statement. Show your work below. (Disregard any intervening July 1 increases that have been announced in Bulletin No. 111 since the original injury occurred.)

PART D – SAMPLE FILE

**Dr. Chainsaw Hack, M.D.
210 CutEmUp Drive
Portland, OR 97222**

**October 1
Fax Transmission**

Dear Claims Examiner:

I do not expect Mr. Whiner's accepted arm condition to get any better with further treatment and it will not improve with more healing time, so I am discontinuing care as of my final examination today. Claimant is still unable to return to his regular work indefinitely.

In my opinion, the work injury caused permanent impairment to his right arm that my office assistant (who used to work for ARU at the WCD) tells me will support a total PPD award of \$20,000 under the applicable Permanent Disability Standards in OAR 436-035.

With all of the money I made on this claim, I will now be retiring.

Aloha!

Chainsaw Hack, M.D.

PART D - Closing Examination Report

Assume that you are still processing ongoing benefits on the accepted claim for the original injury. Assume that Mr. Whiner is no longer making any wages and that you continue to make temporary total disability benefits (TTD) that are medically authorized by Dr. Hack. You finally received this FAX letter (page 4 of the sample file on the date indicated at the top of it.

17. Does the information in this letter likely meet the statutory definition of “medically stationary”? (2 points)

18. If so, and assuming he also included “sufficient” impairment findings to proceed with closing the claim, answer these questions:
 - (1) What is your deadline date for issuing a timely Notice of Closure under the rules? (2 points)
 - (2) Based on the information in Dr. Hack’s letter, will the fact that you have no information on the worker’s “age” (that space is blank on the Form 801) prevent you from being able to calculate the PPD award for the claim closure? Why or why not? (2 points)

Continue to assume that you are currently paying out medically authorized temporary total disability benefits to claimant. Given the information provided above, assume also that you issue a Notice of Closure on the deadline date for issuing it under the rules, and that the PPD award you calculate is the same as Dr. Hack predicted.

19. Based on these assumptions and Dr. Hack's closing report, answer the following questions and show your work. (Disregard any potential July 1 increases or decreases that might have occurred since the original injury.)

- (1) Assume you disagree with the Dr. Hack's impairment findings, what is your deadline for appealing the Notice of Closure? (2 points)
- (2) Assuming you file such an appeal, must you commence payments on the PPD award while waiting for the Department Appellate Review Unit to issue its Order on Reconsideration? (Yes or No) (2 points)
- (3) Calculate the time loss overpayment, if any. Show your work. (2 points)
- (4) Now assume you have decided to pay claimant's PPD award in a "**lump sum**" (not in installments). Calculate the amount of the payment you must make to the worker. (2 points)
- (5) What is your deadline to issue payment for claimant's PPD benefits in order to avoid penalties? (2 points)

END OF EXAMINATION – Part II