


**KEY MILESTONES OF THE
WORKERS' COMPENSATION
CLAIM LIFECYCLE SERIES:
PART III - WHEN AND HOW TO
CLOSE A CLAIM**

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July 20, 2023

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1

THE FULL SERIES

Part I: Initial Claim Evaluation, Investigation, and Filing
May 25, 2023

Part II: Claim Management and Recognizing Complications
June 27, 2023

Part III: When and How to Close a Claim
July 20, 2023

Part IV: The World of Litigation and Board Appeals
September 14, 2023

Part V: Knock, Knock, Look Who's Back
October 26, 2023

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2

TODAY'S AGENDA

1. Recap!
2. When to Close a Claim
3. Independent Medical Exams
4. Vocational Services
5. Disability
6. How to Close a Claim
7. Mitigation of Closure Issues



3

RECAP

- Part I:
 - Confirm initial forms.
 - Leave bias at the door.
 - Always be investigating, always be on the lookout for deception.
 - Remember to Actively Listen.



4

RECAP

➤ Part II:

- Time-loss compensation (TTD) is 60%-75% of wages paid to worker while they are unable to work due to the proximate causation of their industrial injury or occupational disease (OD).
 - It is Wage Replacement: Calculating Wages = [RCW 51.08.178](#)
- Watch for the “Plus Doctrine”
 - Complex Claims Come from Complex Origins.
 - Look for the “+” sign in the claim.
- Mental Health is best managed by using LNI Authorization and Reporting Requirements. There is no such thing as a stress mental health occupational disease claim.
- Avoid claim stagnation. Be active in your claim management.



5

WHEN TO CLOSE

Medical Fixity & Employability



6

MEDICAL FIXITY

- The Claimant must reach what is called Maximum Medical Improvement.

Definition:

Maximum medical improvement occurs when **no fundamental or marked change** in an accepted condition can be expected, with or without treatment. Maximum medical improvement may be present though there may be fluctuations in levels of pain and function. A worker's condition may have reached maximum medical improvement though it might be expected to improve or deteriorate with the passage of time. **Once a worker's condition has reached maximum medical improvement, treatment that results only in temporary or transient changes is not proper and necessary.** 'Maximum medical improvement' is **equivalent to 'fixed and stable.'**

WAC 296-20-01002 under "Proper and Necessary(3)."



7

MEDICAL FIXITY

- All conditions related to the injury must be at Maximum Medical Improvement (MMI).

In Re: Bette Pike BIIA Doc No. 88 3366

- However,
 - The claim may not remain open just because the injured worker needs maintenance medication or non-productive treatment.

In Re: Laura Givich, BIIA Dec. 17 21454

- The claimant does not need to be returned to pre-injury status.
- The difference between pre-injury status and current status should be compensated through the permanent partial disability statutory regime.



8

INDEPENDENT MEDICAL EXAMS

- Different in Washington than in other states.
- Currently a very active and changing area of law.
- Allows the ability to obtain an outsider's perspective on the medical aspects of the claim, including but not limited to, causal relationship, treatment, segregation of conditions, impairment, medical employability, and more.

9

INDEPENDENT MEDICAL EXAMS

- These exams can be performed by a number of medical provider specialties and multiple specialties can be combined into one panel exam.
- There are multiple companies that administer IMEs. Some employer's have specific contracts with certain companies. Those contracts typically go through large vetting processes.
- Some of the Washington companies include:
 - MES, OMAC, Genex, ExamWorks, Central Panel of Consultants, MCN, CorVel.
- You can also have a direct IME with a specific doctor.

10

INDEPENDENT MEDICAL EXAMS

- Washington IMEs are not very profitable for doctors and continue to largely be more of a hassle than they are worth.
- That is one of the reasons for the prolific use of out-of-state IME doctors.
- An IME exam is typically around a ballpark of \$800 or less.
- To put this in perspective, a claimant will pay thousands for their own IME doctor.
 - Just recently, I saw an IME doctor charge \$7,600 for a claimant friendly IME.



11

IME - BIG CHANGES

ESSB 6440 & SHB 1068 have forever changed the use of IMEs moving forward.

Let's start with ESSB 6440...



12

ESSB 6440

- The biggest part of [ESSB 6440](#) modified [RCW 51.36.070](#). It changed when a Self-Insured Employer (SIE) is allowed to use an IME.
- Now a Self-Insured Employer can only request an IME in order to:
 1. Make a decision regarding claim allowance or reopening,
 2. Resolve a new medical issue, an appeal, or case progress, or
 3. Evaluate the worker's permanent disability or work restriction.



13

ESSB 6440

- The rest of ESSB 6440 mainly established a work group to address IMEs in the claim process....that work group led to SHB 1068.
- It also added that the report must be sent to the attending provider and the injured worker.
- A "new medical issue" is defined as a medical issue not covered by a previous medical examination requested by the Department or Self-Insurer.
 - [ESSB 6440 LNI FAQ](#)
- Reasonably convenient now means where residents in IW's community would typically travel for that specific specialty (expands the definition a bit).



14

ESSB 6440

➤ No- Show Fee

- Claimant can give at least FIVE (5) business days notice that they will not attend. If notice is given properly, the employer cannot charge a no-show fee.
- Does not change the ability to pursue non-cooperation and potentially suspension of claim.



15

ESSB 6440

➤ Tips and Strategies:

- The purpose of the law is to forbid duplicative IMEs. The end-all purpose is to prevent the employer's ability to gather multiple opinions to overcome the attending physician's '*special consideration*' rule.
- Therefore, we must be smart -
 - If an IME evaluates the entire person and includes all potential IME questions, then the IME has evaluated all medical issues except for potentially impairment.
- **We must narrow the scope of the IMEs.**



16

ESSB 6440

- Tips and Strategies continued:
 - Each IME should be a piece of the puzzle.
 - Together, all the IMEs should fill in the entire puzzle needed for closure and at trial.
 - There is no limit on addendums.
 - However, an addendum is considered part of the IME.
 - So, if the addendum is asked for too early it could limit the ability to gather additional IMEs and opinions.
 - Once at trial (because there will be no more IMEs), we can provide all the information to the doctors and allow them to make their addendums and new opinions based on the full person. Potentially.....



17

SHB 1068

- This new bill is a dooooozy. Effective date is in 3 days: July 23, 2023.
 - [SHB 1068](#)
- Essentially:
 - The worker can now record both video and audio of the Independent Medical Examination.
- The Department's FAQ does help a bit: [Find it Here.](#)



18

SHB 1068

- The worker MUST provide notice to the IME company that they will record no less than **seven (7) calendar days** prior to exam.
- The worker has to pay for the costs of the recording.
- Upon request, the worker must provide a copy of recording to employer within 14 days but in no case prior to the issuance of the written report.
- Recording equipment cannot interfere with exam and the worker CANNOT hold the recording equipment.
- The worker cannot materially alter the recording.



19

SHB 1068

- The recording CANNOT be posted to social media.
- Recordings are deemed confidential.
- Worker can have one other person there, but not their attorney, legal representative, attending provider, or employee of attending provider.
 - Companion can record but must not interfere.
- Recording can only begin after the IME provider enters the room and ends when the IME provider exits.



20

SHB 1068

- IF they refuse to attend because they cannot record due to improper notice, THEN it can be seen as non-cooperative behavior.
- The worker can refuse to be recorded by the IME examiner/company but still is allowed to make their own recording. The IME examiner must comply.
- Any IME provider can refuse to be recorded. The exam must be rescheduled with a willing provider.
- The employer is at a significant disadvantage in this situation.

21

SHB 1068

- Tips and Strategies:
 - IF a recording took place, immediately after the IME report is received, request a copy of the recording.
 - Talk to your IME providers/companies and develop a standard operating procedure for when a recording is requested.
 - IF notice was given less than seven (7) days prior, likely deny their ability to record and force them to appear. Employers should use this as a hard deadline. Do not budge here.
 - Claimants DO NOT have the ability to interfere with the examination.
 - Consider adding questions to the list of IME questions asking the provider to specifically answer those questions: "Did the claimant's use of recording equipment interfere with the examination in any way?"
 - If there is any dispute about the IME or the provider, address the issue immediately. Any harm done through treatment for claim related conditions is considered the sequela of the claim and therefore part of the claim and the responsibility of the employer.

22

IMEs

- The claimant's attorney's bar (no joke, they call themselves "The Justice League" behind closed doors), are continually pushing to limit the employer's usage of IMEs.
- These two new bills are the most recent rendition of this.
- This will overall likely limit the diversity of IME providers, cause at least some IME providers to depart the practice, and embolden claimants to interfere with the examination.
- The employers MUST hold the line on all deadlines and enforce every advantage provided in the statute. Furthermore, if the employers expect to overcome these hurdles, now more than ever, you have to get creative!



23

MEDICAL FIXITY RECAP

- In order for a claim to be closed, the claimant must reach Maximum Medical Improvement (MMI) or medical fixity.
- Often, this requires the support of an IME.
- The laws around IMEs are changing and IMEs should not be over-requested.
- A person does not need to return to pre-injury status.



24

EMPLOYABILITY

- Once a worker is determined to be at MMI, the next step is to look at employability.
- A Vocational Counselor is the individual that looks into this situation.
- The first question should be: *"Given the medical information, can this individual work their job of injury?"*
 - If the answer is yes, then they should be sent back to work at the job of injury (JOI).
- If the answer is no, then.....



25

EMPLOYABILITY

- The Vocational Counselor should look at the following job possibilities in descending priority:
 1. Return to the same job (already asked).
 2. Return to the same job with modifications.
 3. Return to a different job with the same employer.
 4. Return to a different job with modifications with the same employer.
 5. Return to the same job as of the date of injury with a different employer.
 6. Return to a different job with modifications with a different employer.
 7. Return to a different job that requires training.



26

EMPLOYABILITY

- The Vocational Counselor then determines whether the injured worker can:
 - Work based on transferable skills;
 - Is eligible for further vocational services; or
 - Is not eligible for vocational services -
 - Due to either pre-existing conditions, the direct effect of the industrial injury, post-injury conditions unrelated to the claim, the combined effects of the industrial injury and pre-existing disabling conditions, or the worker's own actions.



27

EMPLOYABILITY

- IF there is a referral for vocational services, THEN the employer has 15 days to make a job offer to claimant if it wishes to do so.
 - Claimant's failure to accept a bona fide job offer ceases vocational services.
- If there is no job offer, the worker and Vocational Counselor have 90 days to develop a Vocational Plan.



28

VOCATIONAL SERVICES

- A worker participating in vocational services continues to receive time-loss compensation:
 - “The worker shall receive TTD compensation . . . while he or she is actively enrolled and successfully participating in Vocational Plan.”
 - [RCW 51.32.099](#)
 - Time loss ends when the approved Vocational Plan ends.
 - [RCW 51.32.095](#)
- Vocational Plan development occurs collaboratively with Vocational Counselor and Injured Worker.



29

VOCATIONAL SERVICES

- Once training plan is developed there are two scenarios:
 - Option 1:
 - The claimant proceeds with the vocational re-training plan.
 - Option 2:
 - The claimant has 15 days to elect Option 2 from the date of the Department's approval of the plan. [RCW 51.32.099](#)
 - The worker declines further vocational services under the claim and receives an amount equal to 6 months of TTD. Paid biweekly without interest or upon request and Department approval can be converted to lump sum payment.
 - There are other limitations on the claimant who elects Option 2.



30

DISABILITY

- During the claim we were paying Temporary Total Disability (TTD) (a.k.a. Time-Loss Compensation).
- At the end of the claim there are two disability options:
 1. Partial Permanent Disability (PPD).
 2. Total Permanent Disability (TPD) aka Pension.
- We will discuss PPD and leave TPD for Part V of the series in October.



31

A QUICK NOTE!

- Use the term 'Total Permanent Disability,' not 'Pension.'
 - The definition of Pension is:
Oxford English Dictionary: *"A regular payment made during a person's retirement from an investment fund to which that person or their employer has contributed during their working life."*
 - The definition of Total Permanent Disability:
"Loss of both legs or arms, or one leg and one arm, total loss of eyesight, paralysis or other condition permanently incapacitating the worker from performing any work at any gainful employment."
- When the attending doctor feels a worker may be totally and permanently disabled, the attending doctor should communicate this information immediately to the department or self-insurer. A vocational evaluation and an independent rating of disability may be arranged by the department prior to a determination as to total permanent disability. Coverage for treatment does not usually continue after the date an injured worker is placed on pension." [WAC 296-20-01002](#)



32

A QUICK NOTE!

THOSE TWO DEFINITIONS ARE NOT THE SAME THING!!

- Using the term 'Pension' instead of the correct term 'Total Permanent Disability' adds a layer of: "I worked here so you owe me" type of feelings.
- This improper terminology and understanding of the concepts has likely resulted in the loss of hundreds of thousands of dollars for employers statewide.



33

DISABILITY: PPD

- PPD is the lump sum payment made at the end of a claim to compensate the claimant for the permanent loss proximately caused by the Industrial Injury.
- Whether or not PPD is awarded on the claim is entirely factually dependent.
- There are two different types of PPD:
 1. Scheduled/Specified.
 2. Unscheduled/Unspecified.
- The DOI controls which PPD schedule is used.
- Currently Total Body Impairment is valued at \$228,219.54.



34

SCHEDULED/SPECIFIED PPD

- Use AMA Guides for evaluation of Impairment (5th Edition).
- Allows for a highly specialized and specific breakdown of the symptoms and status of the condition.
- In the end, you are given a percentage of the extremity, which equates to a percentage of the total body.
- Then using the PPD schedules, that percentage is multiplied by the amounts provided.

[PPD Schedules Here](#)




35

UNSCHEDULED/UNSPECIFIED PPD

- Still use AMA Guides for evaluation of Impairment (5th Edition).
- However, you do not obtain specific percentages for the impairment. Instead, the impairment falls into a point system which then equates to a specific category.
- Each category for each unscheduled PPD has a monetary award.
- The terminology is usually shortened just to CAT 1, CAT 2, CAT 3, etc.
- So, a double cervical fusion would typically land in Cervical CAT 2 which in 2022 was \$22,821.96.



36




Washington State Department of Labor & Industries

Permanent Partial Disability Category Awards
for Dates of Injury from July 1, 2022 through June 30, 2023

TBI=Total Bodily Impairment: dollar amount represents TBI for this time period as set by the consumer price index. Calculations represent % times the TBI.

Category	%TBI	\$228,219.54	Category	%TBI	\$228,219.54	Category	%TBI	\$228,219.54
Cervical and Cervicodorsal			Respiratory			Lower Digestive Tract		
2	10	\$22,821.96	2	15	\$34,232.94	2	5	\$11,410.98
3	20	\$45,643.92	3	25	\$57,054.90	3	15	\$34,232.94
4	25	\$57,054.90	4	40	\$91,287.81	4	30	\$68,465.85
5	35	\$79,876.83	5	65	\$148,342.71	Anal Function		
Dorsal			6	75	\$171,164.67	2	5	\$11,410.98
2	10	\$22,821.96	Respiratory with Normal Baseline Spirometry on or after 3/1/94			3	15	\$34,232.94
3	20	\$45,643.92	2	5	\$11,410.98	4	25	\$57,054.90
Dorsolumbar and/or Lumbosacral			3	10	\$22,821.96	Liver and Biliary Tract		
2	5	\$11,410.98	4	15	\$34,232.94	2	5	\$11,410.98
3	10	\$22,821.96	Air Passage			3	20	\$45,643.92
4	15	\$34,232.94	2	5	\$11,410.98	4	40	\$91,287.81
5	25	\$57,054.90	3	15	\$34,232.94	5	60	\$136,931.73
6	40	\$91,287.81	Air Passage due to Nasal Septum Perforations			Spleen, Loss of One Kidney and Surgical Removal of Bladder with Urinary Diversion		
7	60	\$136,931.73	2	2	\$4,564.33	1	15	\$34,232.94
8	75	\$171,164.67	1	3	\$6,845.60	2	10	\$22,821.96
Pelvis			2	3	\$6,845.60	3	20	\$45,643.92
2	2	\$4,564.33	Speech			Upper Urinary Tract		
3	5	\$11,410.98	2	5	\$11,410.98	2	10	\$22,821.96
4	5	\$11,410.98	3	10	\$22,821.96	3	25	\$57,054.90
5	5	\$11,410.98	4	20	\$45,643.92	4	45	\$102,698.79
6	5	\$11,410.98	5	30	\$68,465.85	5	65	\$148,342.71
7	10	\$22,821.96	6	35	\$79,876.83	Additional Impairment of Upper Urinary Tract due to Surgical Diversion		
8	10	\$22,821.96	Skin			1	10	\$22,821.96
9	15	\$34,232.94	2	5	\$11,410.98	2	15	\$34,232.94
Convulsive Neurologic			3	10	\$22,821.96	Bladder Function		
2	10	\$22,821.96	4	20	\$45,643.92	2	10	\$22,821.96
3	35	\$79,876.83	5	30	\$68,465.85	3	20	\$45,643.92
4	60	\$136,931.73	6	35	\$79,876.83	4	30	\$68,465.85
Mental			5	40	\$91,287.81	5	50	\$114,109.77
2	10	\$22,821.96						
3	25	\$57,054.90						
4	45	\$102,698.79						
5	70	\$159,753.69						




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37

Permanent Partial Disability Awards Schedule
for Dates of Injury from July 1, 2022 through June 30, 2023

LEG	
Leg above the knee joint with short thigh stump (3" or less below the tuberosity of ischium)	\$136,931.82
Leg at or above the knee joint with functional stump	\$123,238.65
Leg below knee joint	\$109,545.63
Leg at ankle (syme)	\$95,852.34
FOOT	
Foot at mid-metatarsals	\$47,926.2
TOE	
Great toe with resection of metatarsal bone	\$28,755.69
Great toe at metatarsophalangeal joint	\$17,253.30
Great toe at interphalangeal joint	\$9,128.85
2nd lesser toe with resection of metatarsal bone	\$10,498.08
3rd lesser toe with resection of metatarsal bone	\$10,498.08
4th lesser toe with resection of metatarsal bone	\$10,498.08
5th lesser toe with resection of metatarsal bone	\$10,498.08
2nd lesser toe at metatarsophalangeal joint	\$5,112.06
3rd lesser toe at metatarsophalangeal joint	\$5,112.06
4th lesser toe at metatarsophalangeal joint	\$5,112.06
5th lesser toe at metatarsophalangeal joint	\$5,112.06
2nd lesser toe at proximal interphalangeal joint	\$3,788.49
3rd lesser toe at proximal interphalangeal joint	\$3,788.49
4th lesser toe at proximal interphalangeal joint	\$3,788.49
5th lesser toe at proximal interphalangeal joint	\$3,788.49
2nd lesser toe at distal interphalangeal joint	\$985.56
3rd lesser toe at distal interphalangeal joint	\$985.56
4th lesser toe at distal interphalangeal joint	\$985.56
5th lesser toe at distal interphalangeal joint	\$985.56
ARM	
Arm at or above the deltoid insertion or by disarticulation of the shoulder	\$136,931.82
Arm at any point below the deltoid insertion to below the elbow joint at the insertion of the biceps tendon	\$130,085.19
Arm at any point below the elbow joint distal to the insertion of the biceps tendon to and including mid-metacarpal amputation of the hand	\$123,238.65
FINGER	
All fingers except the thumb at the metacarpophalangeal joints	\$73,943.07
Thumb at metacarpophalangeal joint or with resection of carpometacarpal bone	\$49,295.49
Thumb at interphalangeal joint	\$24,647.73
Index finger at metacarpophalangeal joint or with resection of metacarpal bone	\$30,809.67
Index finger at proximal interphalangeal joint	\$24,647.73
Index finger at distal interphalangeal joint	\$13,556.22
Middle finger at metacarpophalangeal joint or with resection of metacarpal bone	\$24,647.73
Middle finger at proximal interphalangeal joint	\$19,718.16
Middle finger at distal interphalangeal joint	\$11,091.57
Ring finger at metacarpophalangeal joint or with resection of metacarpal bone	\$12,323.88
Ring finger at proximal interphalangeal joint	\$9,859.17
Ring finger at distal interphalangeal joint	\$6,161.82
Little finger at metacarpophalangeal joint or with resection of metacarpal bone	\$6,161.82
Little finger at proximal interphalangeal joint	\$4,929.60
Little finger at distal interphalangeal joint	\$2,464.77



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38

DISABILITY

- Some Final Words on Disability:
 - Always double-check the math!!!
 - Double-check the DOI against the PPD schedule. Remember July 1!
 - If an AP disagrees with a PPD rating, ask them why and get their numbers.
- Be mindful of the impairment/disability gap: "Mind the Gap!"
 - A PPD award, provides benefits for impairment suffered from a medical condition.
 - In blue collar work (physical work), the system is bad at compensating an individual for the lifelong disfunction resulting from a permanent impairment.
 - As employers, we are bad at recognizing this fact; as claimants, it is all they think about. So be mindful of it.



39

HOW TO CLOSE A CLAIM

- Go through your checklist:
 - ✓ SIF-2 filled out properly?
 - ✓ Is there a Wage Order?
 - ✓ SIF-5A and payment ledger ready?
 - ✓ Is the claimant at maximum medical improvement?
 - ✓ Has there been an IME to address impairment?
 - ✓ Was the claimant found employable? How? At what position?
 - ✓ Were vocational services needed? If not, why? Be specific.
 - ✓ Make sure the closure order gets to the claimant and the attending provider.



40

MITIGATING CLOSURE ISSUES

- Did we listen to the claimant?
 - If so, did we address any inaccuracies?
 - They may disagree with the decision, but now is a great time to figure out why they want the claim open. Add the reason to the claim notes for future reference.
- Spot-check with an attorney.
 - Have all the information ready in a succinct summary and bring an attorney in for a quick spot-check. Best to provide the information and hop on a conference call within a couple days.



41

MITIGATING CLOSURE ISSUES

- Did you check in with the employer?
 - Tell them the claim is likely to be closed soon and ask if there is anything they believe you should know before that happens.
- Double check all the math.
- If you know it is going to be a fight, now is the time to start warming up.
 - Talk to your in-house Counsel.
 - Let your Vocational Counselor know they may need to defend their position.
 - Make a list of all relevant IME doctors and their exams. Also highlight important chart notes for later reviewers of the file.



42

NEGOTIATION

- This topic will be discussed in greater length over the next two sessions in the series.
- You are not trying to win.
- You do not need to compromise.
- You are threading the needle.
- If a claimant's attorney is involved, there should be an employer's attorney on the other end of the negotiating table.



43

NEGOTIATION

- There are hundreds of theories on Negotiation. Here are some starter tips:
 - Don't make assumptions, always confirm.
 - Don't rush it. Silence is loud.
 - It's not personal. They will always see you as "cold-hearted."
 - Be direct and clear about the terms.
 - A win-win scenario usually gets the job done.
 - Listen more than talk.
 - Don't throw the Trust or yourself under the bus. Self-deprecation rarely has impact value.



44

IN CONCLUSION

- Closing a claim requires two things:
 1. Medical Fixity.
 2. Employability.
- IMEs have changed a lot during the pandemic. They can now be video recorded, and their usage has been limited.
- Employability can be determined in multiple ways through the use of a Vocational Counselor.
- Vocational re-training programs are the second to last option.
- PPD should be confirmed with an IME if possible.
- When negotiating:
 - Listen.
 - Use silence.
 - Be direct.



45

THANK YOU!

We look forward to seeing you at Part IV!
The World of Litigation and Board Appeals

September 14, 2023, at 10:00 a.m.
 See you there!

Contact me with any questions

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46



47



48

KEY MILESTONES OF THE WORKERS' COMPENSATION CLAIM LIFECYCLE

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Key Milestones of the Workers' Compensation Claim Lifecycle

FIVE-PART SERIES BEGINS MAY 25

- Attend one or multiple sessions
- Virtual option available; limited in-person seating

Please join us this year for a comprehensive examination of the workers' compensation claim lifecycle presented by Tim Reeve of Reeve Law Firm. Each session in this 5-part series will build on the previous sessions for maximum retention and cohesion across the entire series. Participants can expect to not only learn the basics of workers' compensation claims but also develop new skills and strengthen existing competencies to be successful in their respective roles.

Participants will have the opportunity to take with them on their entire career professional skills such as: description definition, recognizing complicated claims, negotiation theory and practice, and loads of terminology. Both entry level and experienced professionals in their roles: risk management, claims management, return-to-work management, financial management, etc. will find value in this series. So please join us, for what is set to be a memorable educational and engaging time.

PRESENTED BY
Tim Reeve
 OWNER AND FOUNDER
 REEVE LAW FIRM PLLC

In addition to Claims 101 basics, you'll learn career-relevant skills, including how to:

- Diagnose claims
- Recognize complicated claims
- Negotiate in theory and practice
- Build and understand industry terminology

SESSION 1
Initial Claim Evaluation, Investigation, and Filing
 Thursday, May 25, 2023
 10:00 am - noon
 including 15-20 min Q&A

SESSION 2
Claim Management and Recognizing Complications
 Tuesday, June 27, 2023
 10:00 am - noon
 including 15-20 min Q&A

SESSION 3
When and How to Close a Claim
 Thursday, July 20, 2023
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The World of Litigation and Board Appeals
 Thursday, September 14, 2023
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SESSION 5
Knock, Knock, Look Who's Back
 Thursday, October 26, 2023
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 including 15-20 min Q&A

SEE REVERSE SIDE FOR FULL DESCRIPTION OF EACH SESSION

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Don't miss this fantastic learning opportunity!

SESSION 1
Initial Claim Evaluation, Investigation, and Filing
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 10:00 am - noon
 including 15-20 min Q&A

In the first segment of our 5-part series, we will explore the initial aspects of the workers' compensation claim process. Starting with the initial injury and the claim filing, we will begin the journey with a deep dive at the investigatory process where participants will learn discoverer detection techniques and interview skills. Participants will also be introduced on the purpose of the Industrial Insurance Act, individual roles and responsibilities of involved players, and techniques to move the process forward.

REGISTER NOW

SESSION 2
Claim Management and Recognizing Complications
 Tuesday, June 27, 2023
 10:00 am - noon
 including 15-20 min Q&A

The second part of our five-part series will focus on the middle of the claim. Participants will learn how to avoid claim stagnation, how to recognize common claim issues, and how to differentiate between a potentially complicated claim vs a claim claim. Through the use of the "3-Doctrines" method, individuals will learn to recognize complicating claim factors and how to take steps to ensure good claim management.

REGISTER NOW

SESSION 3
When and How to Close a Claim
 Thursday, July 20, 2023
 10:00 am - noon
 including 15-20 min Q&A

The third segment of our 5-part series will encompass aspects related to the closure of the claim. The session will explore claim closure requirements, medical information that is typically needed to support claim closure, communication coordination among involved parties, and approaches to negotiating potential settlement negotiations. The claim doesn't always end with the final payment, but a correct closure is beneficial to all parties involved. Participants will also learn when and why to reach out to their claim administration support system, and the employer's role in claim closure.

REGISTER NOW

SESSION 4
The World of Litigation and Board Appeals
 Thursday, September 14, 2023
 10:00 am - noon
 including 15-20 min Q&A

The fourth segment of our 5-part series will explore the appeals process and the role of the Board of Industrial Insurance Appeals. Participants can expect to leave with a general understanding of the entire appeal process and what the employer's role in that process, customary standards, Board structure, appeal considerations, and the different types of resolutions will be addressed. Participants will also learn the basics of handling and the difference between depositions and live testimony.

REGISTER NOW

SESSION 5
Knock, Knock, Look Who's Back
 Thursday, October 26, 2023
 10:00 am - noon
 including 15-20 min Q&A

The final session of our 5-part series will delve into claims that have returned to the claim process after closure. We will explore re-opening applications, the medical standards, and the legal implications. Participants can expect a crash course in negotiation strategy and theory as we dive into the world of settlements. We will also be discussing aggravations, pensions, and the different types of disability outcomes. By the end of this session, participants who went through the full series should have gained insight and understanding into the full workers' compensation claim lifecycle and hopefully learned a few tips on how to be successful in their role.

REGISTER NOW

Questions? Contact us at memberservices@pswctup.org

49

THE FULL SERIES

- **Part I: "Initial Claim Evaluation, Investigation, and Filing"**
 May 25, 2023
- **Part II: "Claim Management and Recognizing Complications"**
 June 27, 2023
- **Part III: "When and How to Close a Claim"**
 July 20, 2023
- **Part IV: "The World of Litigation and Board Appeals"**
 September 14, 2023
- **Part V: "Knock, Knock, Look Who's Back"**
 October 26, 2023



50

UPCOMING TRAININGS

Return to Work Incentive Program (RTWIP) Reimagined

- Presenter: Aliza Hauser & Christian Porter, Return to Work Managers of PSWCT
- Date: September 28, 2023
- Time: 10:00AM - 11:30AM
- Location: Teams Webinar

[Register Here](#)

WA DOH School Environmental Health & Safety Workshop

- Presenters: Department of Health Speakers TBD
- Date: November 7, 2023
- Time: 9:00AM – 4:00PM
- Location: PSESD & Teams Webinar

[Register Here](#)

SAVE THE DATE

Annual School Environmental Health and Safety Workshop

Hybrid Event

Tuesday, November 7, 2023

9:00am – 4:00pm

REGISTER TODAY

Expert presenters from multiple areas will inform participants about the latest regulations, changes and trends in school Environmental Health and Safety, and will provide guidance on their applications. A detailed agenda with subjects and speakers will be sent closer to event date. This is a hybrid event, and a remote link is available for those who can't make the journey, but we look forward to reconnecting with you all in person and welcome you back to the PSESD Conference Center. **Registration required.** For questions, please contact MemberServices@pwctup.org.

51

AVAILABLE MEMBER SERVICES

Workers' Compensation Trust

- Claim Intake, Reviews, Investigation
- Compensability Determination
- Disability Management, Vocational Rehabilitation
- Exposure Analysis
- Incident Reporting
- Legacy Claims Management
- Industrial Hygiene
- Litigation Management
- Loss Control and Prevention
- Management Reporting
- Medical Cost Management
- Return-to-Work Planning

Unemployment Pool

- Claim Management
- Compliance Management
- Legislative Updates
- Management Reporting
- Review, Hearings, Appeals
- Training & Education

52

26

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53

Thank You!

We appreciate your time and participation!

We invite you to complete the post-event survey.

Your feedback will inform our efforts to continually enhance the value of these events!



54

FEEDBACK SURVEY



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