



# Workers' Compensation Department of Human Resources

*June 2022*



## *Workers' Compensation*

No fault system – Employee gives up the right to sue the employer in exchange for established benefits

Benefits defined by Idaho Code, Title 72

Primary goal – restore injured worker to pre-injury status and back to gainful employment

## *The History*

Evolved out of the industrial Revolution

Employees had to sue to receive benefits

Court systems were crowded, long delays

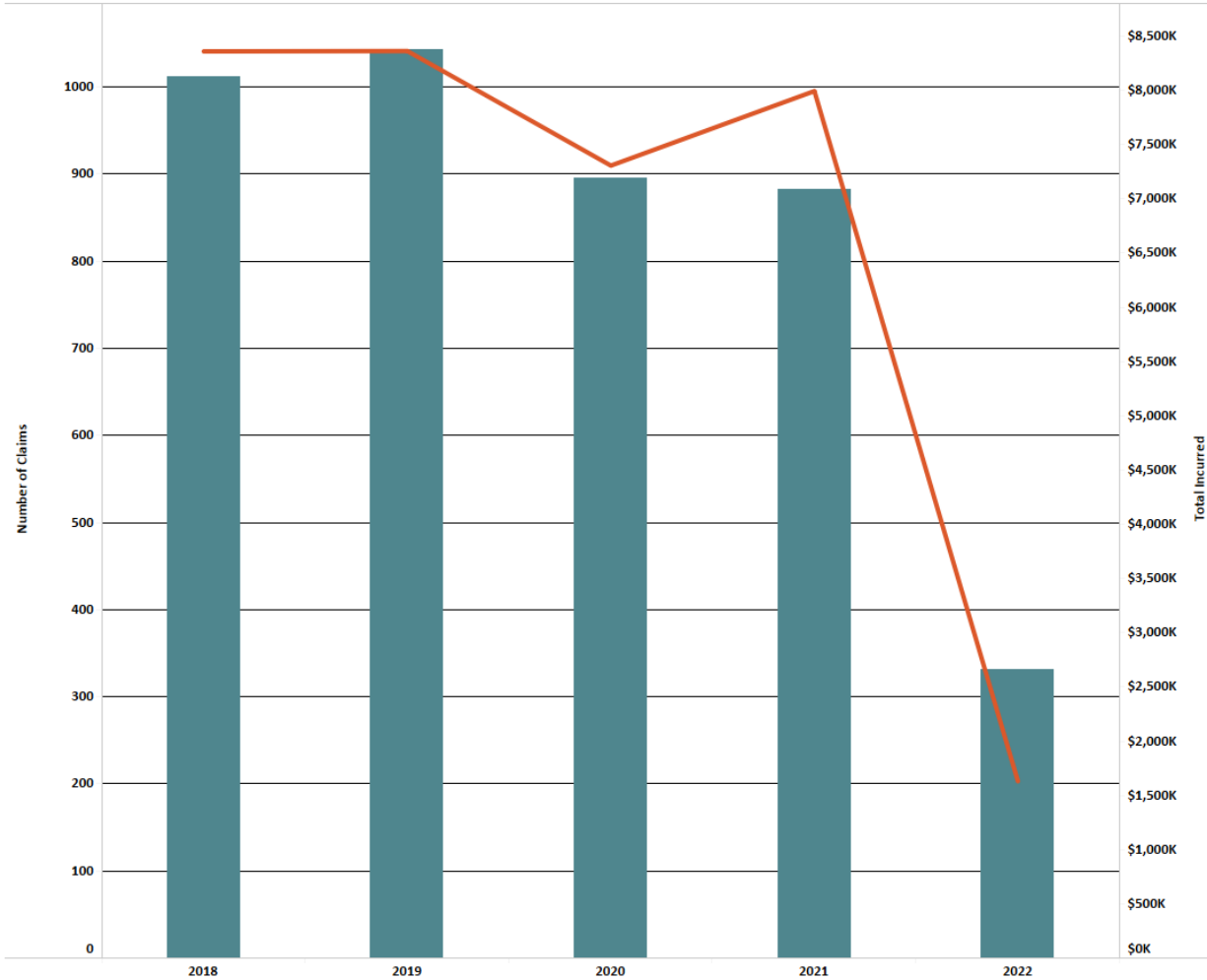
Employers were not protected from losing their business



# Idaho Safety Experts

- 11 safety consultants around the state
- Onsite and virtual safety training
- Onsite Assessments
- Safety policy creation
- Incident Analysis and trend reporting
- On-demand webinars

# Overview for State Agencies



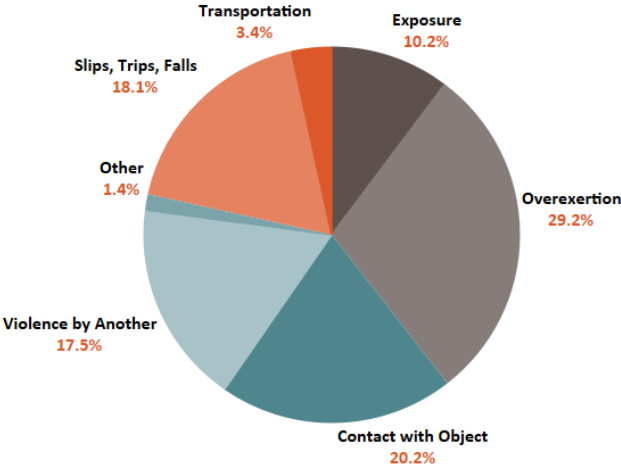
Report Created 6/2/2022 4:02:10 AM

■ Claim Count

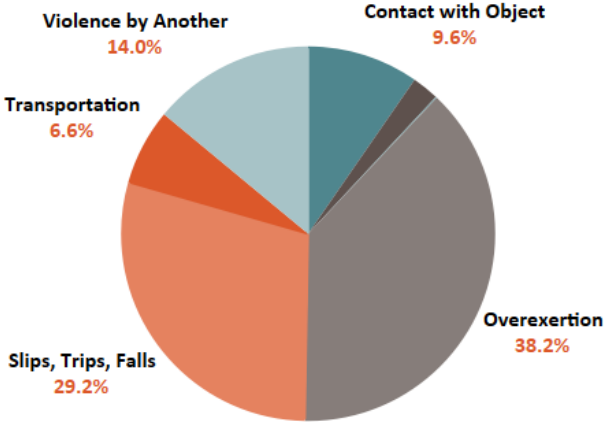
■ Total Incurred



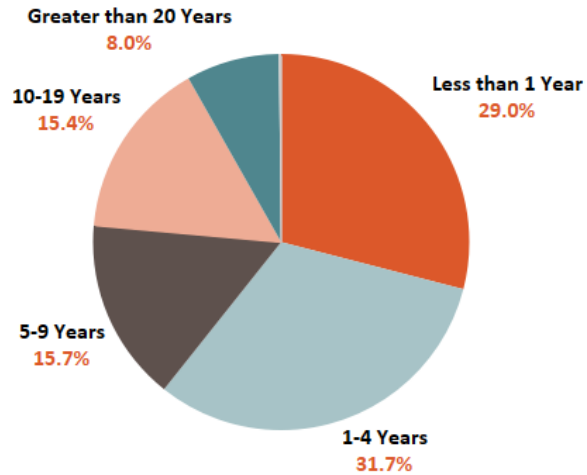
Cause of Injury - Total Count



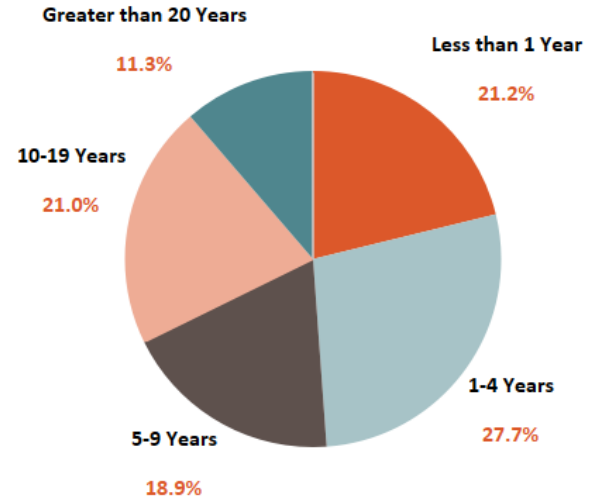
Cause of Injury - Total Cost



## Years of Service Count



## Years of Service Cost



Less than 1 Year

1-4 Years

5-9 Years

10-19 Years

Greater than 20 Years

Unknown

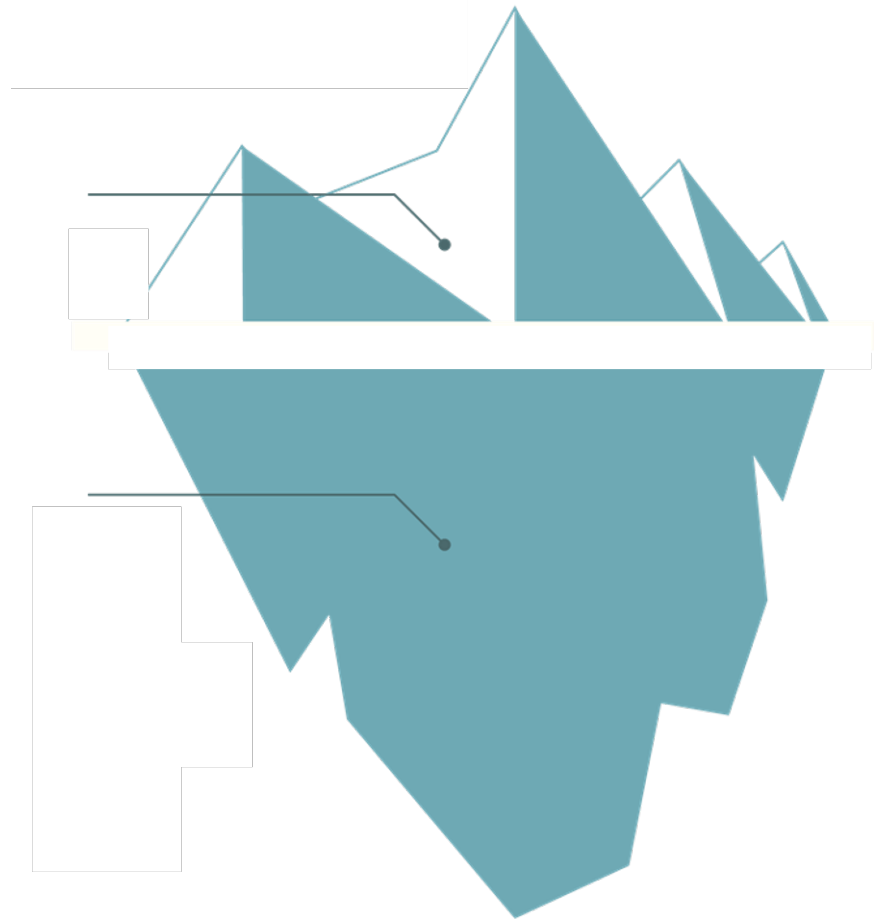
# Accident Costs

## Direct Costs

- Medical
- Workers' Compensation premiums

## Hidden Costs

- Reduced employee morale
- Down time
- Tool & equipment damage
- Cost of hiring and/or training
- Production delays & Interruptions
- Negative public image
- Investigation
- Overtime
- Extra supervisor time



# Claim Types



Medical  
Only



Indemnity  
(wage loss)



# Indemnity claims are:



91% of the  
total claim cost



24% of the  
claims

# Establish a Claim Management and Modified Duty/Return to Work Program

Select a Designated Occupational Health Medical Provider.

Develop a plan to monitor claim activity and communicate with injured employees and the claims examiner and the doctor, if necessary.

Identify appropriate modified duty assignments whenever possible.



# Importance of Modified Duty and Return to Work

- Sends a message that the employee is valuable all the time, not just when they can work at full capacity
- Gets the employee to full recovery quicker
- Creates Teamwork and Loyalty
- Decreases Experience Modification costs



# Claims Management

- Optum
- Paradigm
- Payee Choice
- Return to Work

### Restricted Duty Work Offer

The injured worker has continued to work in the same position as the time of injury.

- With accommodation -

\*Sample text to be modified to fit your circumstances and typed on your own letterhead before presenting to the injured employee.

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#### YOUR BUSINESS LETTERHEAD

Employee name  
Employee address

We are in receipt of the work restrictions from your physician dated \_\_\_\_\_.  
We have work available to you that falls within the restrictions and you have continued in your employment within the restrictions.

Please sign the bottom of this letter, indicating your acknowledgment that you have continued to work within your restrictions and return it to our office as soon as possible.

Sincerely,

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

.....  
\_\_\_\_ I acknowledge that I have continued working within my restrictions.

\_\_\_\_ I am aware that my workers' compensation income benefits may be impacted by any refusal to make myself available for the work that is available within my restrictions.

\_\_\_\_\_  
Claimant Signature

\_\_\_\_\_  
Date

Employers tend to think if the worker has already returned to work a written offer is not necessary.

Here is an example of what can happen:

An injured worker has successfully returned to work with restrictions after an injury. Since they had already RTW a written offer was not pursued.

While they are still treating & in the period of recovery an unrelated issue arises causing them to miss work. Without a written offer it will be difficult to prove the employer offered work and we have exposure for TTD benefits.

The work offer sample letters are posted on the website so employers have the ability to offer work before the claim is even filed.

Work Offer

The injured worker has continued to work in same position as the time of injury.

- No accommodation required -

\*Sample text to be modified to fit your circumstances and typed on your own letterhead before presenting to the injured employee.

YOUR BUSINESS LETTERHEAD

Employee name  
Employee address

We are in receipt of the work restrictions from your physician dated \_\_\_\_\_. Please be advised that your current position falls within the restrictions. This job remains available to you through the period of restricted duty.

Please sign the bottom of this letter indicating your acknowledgment that you have continued to work in your current position and return it to our office as soon as possible.

Sincerely,

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

.....  
\_\_\_\_ I accept this work offer.

\_\_\_\_ I decline this work offer and am aware that my workers' compensation income benefits may be impacted by this refusal.

\_\_\_\_\_  
Claimant Signature

\_\_\_\_\_  
Date

Employers believe if no accommodation is needed to bring the worker back a written offer is not necessary.

We have handled numerous claims where the worker came back with restrictions but then had a personal health or family issue resulting in time off work, while under restrictions for the industrial injury.

If the above situation occurs and a claim is made for time loss benefits, without a written/signed offer we will have a difficult time denying time loss benefits.

Restricted Duty Work Offer

The injured worker is off work and employer is offering work.

\*Sample text to be modified to fit your circumstances and typed on your own letterhead before presenting to the injured employee.

YOUR BUSINESS LETTERHEAD

Employee name  
Employee address

We are in receipt of the work restrictions from your physician dated \_\_\_\_\_.  
We have a modified duty position available to you that falls within the restrictions.

Please report to work on \_\_\_\_\_ at \_\_\_\_\_ .m. for modified duty work.  
We are able to provide \_\_\_\_\_ hours of modified duty work per day at \$\_\_\_\_ per hour.

If you are required to attend physical therapy or doctor appointments while on restricted duty please notify your employer/supervisor of the scheduled appointments. Any wage loss incurred due to medical appointments related to the injury, or our inability to provide modified duty within your restrictions, will be reported to the workers' compensation carrier for consideration of wage reimbursement.

Please sign the bottom of this letter, indicating your acceptance of modified duty work.

Sincerely,

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

.....

\_\_\_\_ I accept this offer of modified duty work, effective \_\_\_\_\_, at the specified hours and pay.

\_\_\_\_ I decline this offer of modified duty work and I am aware that my workers' compensation income benefits may be impacted due to my refusal.

\_\_\_\_\_  
Claimant Signature

\_\_\_\_\_  
Date

This sample letter is used when the worker is off work and the employer is offering work.

If the goal is to keep the claim in Medical Only status, the work must be offered within 5 calendar days of the doctor's note, regardless of their normal work schedule and regardless of Saturdays/Sundays or holidays.

If the claimant has not RTW or work has not been offered, on day 6 the claim becomes time loss and they are eligible for time loss benefits.

If a claimant refuses work, they are not entitled to time loss benefits for the period of the refusal (not the life of the claim).

Example: If they previously refused work but the restrictions have now changed and are more restrictive, we have to address whether the employer can still accommodate & offer work again.

72-403 is the code section that discusses light duty refusal.



# Q&A

