

STOPPING BENEFITS

Q: Can my wage replacement benefits be stopped?

A: Yes. The insurance carrier can stop payments if you return to work or reach an end medical result (a plateau in your recovery), or if you unreasonably fail to cooperate with your medical treatment plan or fail to attend an Independent Medical Examination (IME). Unless you have successfully returned to work, in order to stop wage replacement benefits the insurance company must file a Notice to Discontinue Payments (Form 27) with the Department, with supporting evidence. The evidence may consist of a report from your medical provider, your medical records and/or an IME report.

Q: Can my medical benefits be stopped or denied?

A: Yes. Medical benefits only cover treatment that is both causally related to the work injury and medically necessary. Medical benefits are always subject to review. If the insurance company has evidence that your treatment is either not related to your injury or is not medically necessary, it may file a Denial (Form 2) or Discontinuance (Form 27). You have a right to appeal if you disagree by contacting the Vermont Department of Labor. We encourage you to file your written appeal as soon as possible if you choose to appeal.

MEDICAL ISSUES

Q: Can I choose my own doctor?

A: Yes. Your employer may direct you to a company doctor for your first medical visit. After that, you can be treated by a doctor of your own choosing, but you must notify the insurance company adjuster by filling out a Form 8. You may print this form from our website or call to request a copy.

Q: Is pre-authorization required from the insurance carrier before I can receive treatment related to my work injury?

A: No, pre-authorization for medical treatment is not required; however, if your doctor wants to obtain pre-authorization prior to treatment, your doctor must request it in writing from the insurance company (see 21 VSA §640b). The insurance

company must respond within 14 days. If it does not respond, you or your doctor may request that the Department of Labor issue an Order requiring that pre-authorization be granted. Your request to the Department must be submitted with supporting medical documentation.

Q: What is an Independent Medical Examination? Do I have to go to this?

A: An Independent Medical Examination (IME) is a medical exam arranged by the insurance company with a doctor of its choice. The purpose of the IME is to provide the insurance company with a review of whatever medical conditions have arisen as a result of your work injury. This review might include such issues as the appropriate treatment for your injury, your work capacity, or the extent, if any, of your permanent impairment. You must be given at least seven days' written notice of the examination date, and if you have a scheduling conflict YOU MUST NOTIFY the insurance adjuster immediately so that the IME can be rescheduled. If you fail to attend the IME without good cause, your benefits might be suspended.

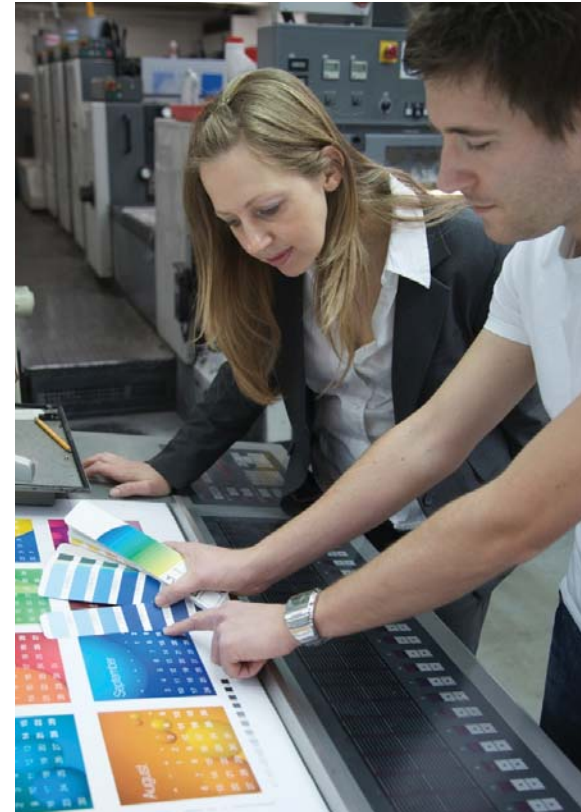
Q: What does it mean to have reached "maximum medical improvement" or "end medical result"?

A: Doctors use these terms to signify that no further treatments are likely to improve your condition significantly, and that you have therefore reached a plateau in your medical recovery. A finding of end medical result may be used as the basis for discontinuing wage replacement benefits, provided a Form 27 is filed with the Vermont Department of Labor and approved. You have a right to file a written appeal with the Department. We encourage you to file as soon as possible if you choose to appeal.

DISPUTE RESOLUTION

Q: Do I need a lawyer?

A: You may represent yourself, or you may choose to be represented by a lawyer, at any point during this process. If you would like to be represented by a lawyer, it is up to you to contact your own lawyer for assistance. If you do not know how to find a lawyer to represent you, you can contact the Vermont Lawyer Referral Service of the Vermont Bar Association at 1-800-639-7036.



You can learn more about Vermont's Workers' Compensation program at www.labor.vermont.gov



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VERMONT DEPARTMENT OF LABOR
Workers' Compensation and Safety Division

WORK INJURIES



**Rights and Benefits
for Workers
Injured on the Job**

Vermont Department of Labor
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Tel: (802) 828-2286



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VDOL WORKERS' COMPENSATION

Vermont's Workers' Compensation Act requires that workers injured on the job are entitled to receive medical care, wage replacement, and other specified benefits. The Act also defines the rights and responsibilities of injured workers, their health care providers, employers, insurance companies and other parties.

Q: What should I do if I am injured on the job?

A: Tell your employer about your injury as soon as possible. Get the necessary medical care. When you see the doctor, be sure to tell him or her that you are there because of a work injury. If you are unable to work, you **MUST** get a written out-of-work note from the treating health care provider or your own medical doctor. Give a copy of the note to your employer right away, so that the employer will know your work status or any limitations, as recommended by your doctor.

Q: What should my employer do if I am injured?

A: Your employer must report an injury that results in medical care or an absence from work within 72 hours of the injury event. Your employer should give you a copy of the report it files. If your employer does not report your injury, you should report the injury yourself, by filling out a Notice of Injury (Form 5). You can download the Form 5 from our website or call our office for a copy (802-828-2286).

Q: When do I start to get benefits?

A: Your employer's insurance company has 21 days to investigate your claim and determine if your injury is covered. An insurance adjuster may contact you for information. You can help make the process go faster and smoother by providing the necessary information. If your claim has been accepted and your doctor determines that you are unable to work for a period of more than 3 calendar days, you should begin to receive wage replacement benefits.

Q: Can my claim be denied?

A: Yes. The insurance company must notify you, and this Department, in writing by filing a Denial (Form 2) with supporting documentation outlining the reasons for the denial. If you do not agree with the denial you have the right to appeal.

Q: How do I appeal a denial?

A: If you receive a Denial (Form 2), you must appeal in writing to the Vermont Department of Labor. Follow the instructions on the second page of the Form 2, complete the form, provide the required information to support your position (including medical records and witness statements, for example), and file it with the Department as soon as possible. Make sure to send a copy to the insurance company. The Department will review and respond to your appeal.

Q: Does my employer have to have workers' compensation insurance coverage?

A: The law requires most employers to have coverage for all of their employees. However, there are some exceptions under Vermont law. The following employees do not have to be covered: employees of farmers who have less than \$10,000 in annual payroll; elected officials; corporate officers who have exclusion approval from the Vermont Department of Labor; casual workers (for example, teenage lawn mowers or babysitters); players on amateur sports teams (even if employer-sponsored); family members of an unincorporated employer who live within the employer's home; individuals who perform services in or about a private dwelling; real estate brokers or salespeople who work on commission.

Q: Am I entitled to mileage reimbursement for doctors' appointments and vocational rehabilitation?

A: You are entitled to mileage reimbursement if you are required to travel for medical treatment or examination and/or vocational rehabilitation-related counseling or assessment. Mileage reimbursement rates are set annually and are available on our website. Keep a written record of mileage traveled to and from all appointments.

**If hearing impaired, email us at labor.wccomp@vermont.gov
Those with limited English proficiency may call 802-828-2286.**

GOING BACK TO WORK

Q: Can I get my old job back when I recover?

A: Reinstatement laws only apply to employers with 10 or more employees. You must keep your employer informed of your medical (and return to work) status, your contact information and your continued interest in re-employment. Provided you are able to return to work within two years from the date you became unable to work, your employer is obligated to offer you the next available suitable position. However, the employer is not obligated to fire the person who replaced you in order to create a place for you.

Q: What should I do if I am released to return to work?

A: If you are released to return to work without restrictions, either full or part-time, immediately notify your employer and make arrangements with your employer to return to work immediately or as soon as possible. If your doctor releases you to return to work with restrictions, you should contact your employer immediately to see if it has suitable work available. You are obligated to return to work if a suitable job is offered. If your employer does not have suitable work available, you should begin looking for work within your restrictions, and you must document your job search efforts. A job search log is available on our website. If you are unable to return to work for which you have previous training or experience, or if you have been on workers' comp for more than 90 days, you may be entitled to vocational rehabilitation services.

The Department of Labor Workers' Compensation Division Staff does not represent either party in a Workers' Compensation dispute. Staff is here to explain the system, answer questions, ensure that claims are properly and timely processed, resolve disputes over claims and adjudicate unresolved disputes.

BENEFITS

Q: What workers' compensation benefits might I be entitled to?

A: If you are injured on the job you may be entitled to one or more of these benefits:

- Medical benefits
- Wage replacement benefits
- Permanent partial disability benefits
- Permanent total disability benefits
- Vocational rehabilitation benefits
- Death benefits

Medical benefits: You are entitled to payment for medical care, medicines and supplies that are reasonable and necessary for your injury. These may include doctor visits, hospital care, physical therapy, chiropractic treatment, and counseling.

Wage replacement benefits: If you are unable to work for four or more days as a result of your injury, you may be entitled to temporary total disability (TTD) benefits. You also will receive an additional \$10 per week for each of your dependents. If your doctor releases you to part-time work, you may receive temporary partial disability (TPD) benefits for your lost wages. Once you either conclude treatment or successfully return to work, your entitlement to wage replacement benefits ends.

Permanent partial disability (PPD) benefits: These are not wage replacement benefits or a "settlement" of the claim. PPD is a limited monetary benefit intended to compensate for any permanent loss of function you are found to have suffered as a result of the work injury. Not all injuries result in permanent impairment.

Permanent total disability (PTD) benefits: These are weekly benefits that are paid if it is determined that you are permanently unable to return to any regular gainful employment as a result of your work injury.

Vocational rehabilitation benefits: If your injury prevents you from returning to employment for which you have previous training or experience, you may be entitled to vocational rehabilitation benefits. These may include job placement, on-the-job training, or other assistance to help you return to suitable employment.

Death benefits: These are weekly benefits that are provided to a worker's spouse and/or dependents if the worker dies from a work-related injury.