
Appendix B. Glossary



This glossary briefly explains many of the terms that are commonly used in workers' compensation. These are not the full legal definitions.

ACOEM. American College of Occupational and Environmental Medicine. Portions of guidelines published by ACOEM, called “Occupational Medicine Practice Guidelines,” are incorporated in the Medical Treatment Utilization Schedule adopted by the Division of Workers’ Compensation.

AMA. American Medical Association. For workers whose permanent disability must be rated using the 2005 rating schedule, the treating physician is required to rate the worker’s impairment using guidelines published by AMA called, “Guides to the Evaluation of Permanent Impairment.”

AOE/COE. “Arising out of and in the course of employment,” or caused by a worker’s job and occurring while working. An injury or illness must be AOE/COE to be covered by workers’ compensation.

Accepted claim. A workers’ compensation claim in which the claims administrator agrees that the worker’s injury or illness is covered by workers’ compensation. Even if a claim is accepted, however, there may be delays or other problems. Also called “admitted claim.”

Agreed medical evaluator (AME). A doctor who is selected by agreement between the injured worker’s attorney and the claims administrator to conduct a medical examination and prepare a medical-legal report to help resolve a dispute.

Alternative work. If a treating physician reports that an injured worker will never recover completely or be able to return to the same job or working conditions that he or she had before injury, the employer may offer alternative work instead of a supplemental job displacement benefit. This is work that is different from the worker’s old job. It must meet the worker’s work restrictions, pay at least 85 percent of the wages and benefits that were paid at the time of injury, last at least 12 months, and be within a reasonable commuting distance of where the worker lived at the time of injury.

Americans with Disabilities Act (ADA). A federal law that prohibits discrimination against disabled persons. Employment provisions of the ADA are administered by the US Equal Employment Opportunity Commission (EEOC).

Appeals Board. A group of seven commissioners who review and reconsider decisions of workers’ compensation administrative law judges.

Applicants’ attorney. A lawyer who represents injured workers in their workers’ compensation cases. “Applicant” refers to the injured worker.

Apportionment. An estimate of how much an injured worker’s permanent disability is caused by the worker’s job, as compared to other factors.

Cal/OSHA. The Division of Occupational Safety and Health, which is a state agency that inspects workplaces and administers laws to protect the health and safety of workers in California.

California Family Rights Act (CFRA). A state law, administered by the California Department of Fair Employment and Housing, that requires most employers of 50 or more employees to grant job-protected leave to workers with serious health problems or who need to care for a child or other family member.

California Labor Code section 132a. A state law that prohibits discrimination against injured workers for having a work injury or filing a workers' compensation claim. The law also prohibits discrimination against co-workers who testify in the injured worker's case.

Carve-out. An alternative to the dispute resolution procedures in the California workers' compensation system. Carve-outs can be created only through collective bargaining agreements between labor unions and employers.

Challenge. Disagree with, object to, or place in dispute.

Claim Form (DWC 1). A form that a worker uses to request workers' compensation benefits in writing.

Claims adjuster. See "claims administrator."

Claims administrator. A person who handles workers' compensation claims for employers. Most claims administrators work for insurance companies or other organizations that handle claims for employers. Some claims administrators work directly for large employers that handle their own claims. Also called "claims examiner" or "claims adjuster."

Claims examiner. See "claims administrator."

Commission on Health and Safety and Workers' Compensation (CHSWC). A state-appointed body, consisting of four labor and four management representatives, that sponsors and conducts ongoing studies and makes recommendations to improve the California workers' compensation system and the state's activities to prevent job injuries.

Compromise and release (C&R). A type of settlement where the worker receives a lump sum payment and may become responsible for paying for future medical care for the injury.

Cumulative injury. An injury that was caused by repeated events or repeated exposures at work. Examples: hurting one's wrist from doing the same motion over and over, losing hearing ability because of constant loud noise.

Date of injury. If the injury was caused by one event (a specific injury), this is the date of the event. If the injury was caused by repeated exposures (a cumulative injury), this is the date that the worker knew or should have known that the injury was caused by work.

Death benefits. Payments to the spouse, children, or other dependents of a worker who dies from a job injury or illness.

Delay letter. A letter sent by the claims administrator to the injured worker that explains why payments are delayed, what information is needed before payments will be sent, and when a decision will be made about the payments.

Denied claim. A workers' compensation claim in which the claims administrator believes that the worker's injury or illness is not covered by workers' compensation, and has notified the worker of this decision.

Description of Employee’s Job Duties (DWC AD form 10133.33). A form that is filled out jointly by the injured worker and the employer or claims administrator to help the treating physician determine whether the worker is able to return to his or her usual job and working conditions. The information on the form also helps the physician specify appropriate work restrictions.

Disability rater. An employee of the Division of Workers’ Compensation who rates an injured worker’s permanent disability after reviewing a medical report or a medical-legal report that describes the worker’s condition. Also called “disability evaluator.”

Disability rating. See “permanent disability rating.”

Dispute. A disagreement about a worker’s right to receive payments, services, or other benefits.

Division of Workers’ Compensation (DWC). A state agency that administers workers’ compensation laws, adjudicates disputes, and provides information and assistance to injured workers and others about the California workers’ compensation system.

Fair Employment and Housing Act (FEHA). A state law, administered by the California Department of Fair Employment and Housing, that prohibits discrimination against disabled persons. Its provisions are more extensive in some areas than the federal Americans with Disabilities Act (ADA).

Family and Medical Leave Act (FMLA). A federal law, administered by the US Department of Labor, that requires most employers of 50 or more employees to grant job-protected leave to workers with serious health problems or who need to care for a child or other family member.

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

Findings and Award. A written decision by a workers’ compensation administrative law judge about an injured worker’s case, including payments and future medical care that must be provided to the worker.

Health care organization (HCO). An organization certified by the Division of Workers’ Compensation that contracts with an employer or insurer to provide managed medical care in the California workers’ compensation system.

Hearing. A legal proceeding or event where a workers’ compensation administrative law judge holds a meeting to discuss issues or receives information from different persons in order to make a decision about a dispute or a proposed settlement.

Independent Medical Review (IMR). This term refers to two different processes:

- Independent review of a decision, communicated by a claims administrator, to deny or modify treatment recommended by a treating physician. An injured worker may request this type of IMR if the worker’s date of injury is on or after January 1, 2013, or the claims administrator communicated the decision to deny treatment on or after July 1, 2013.
- Independent review of a treatment decision made by a treating physician in a medical provider network (MPN). An injured worker may request this type of IMR if the worker is being treated in an MPN and has obtained opinions from two other physicians in the MPN.

Impairment rating. A percentage that estimates how much a worker has lost the normal use of injured parts of the body. Impairment ratings are determined based on guidelines published by the American Medical Association (AMA). Different from “permanent disability rating.”

Information & Assistance (I&A) officer. An employee of the Division of Workers’ Compensation who answers questions, assists injured workers, provides written materials, conducts informational workshops, and holds meetings to informally resolve problems with claims. Most of their services are designed to help workers who do not have an attorney.

Injury and Illness Prevention Program (IIPP). A health and safety program that employers are required to develop and implement. This requirement is enforced by Cal/OSHA.

Judge. See “workers’ compensation administrative law judge.”

Maximal medical improvement (MMI). See “permanent and stationary (P&S).”

Medical care. See “medical treatment.”

Medical-legal report. A report written by a doctor to help clarify one or more disputed medical issues concerning a worker’s injury or medical condition.

Medical provider network (MPN). A set of physicians and other health care providers selected by an employer or insurer to treat injured workers in the California workers’ compensation system. MPNs must be approved by the Division of Workers’ Compensation.

Medical treatment. A workers’ compensation benefit, offered to the injured worker, that is “reasonably required to cure or relieve from the effects of the injury.” Also called “medical care.”

Medical treatment utilization schedule (MTUS). A set of guidelines and an analytical framework adopted by the Division of Workers’ Compensation, based on scientific evidence and nationally recognized standards of care, that address the appropriate extent and scope of treatment commonly performed in workers’ compensation cases.

Medical Unit. A unit within the Division of Workers’ Compensation that oversees utilization review (UR) plans, independent medical review (IMR) of decisions to deny treatment recommended by a treating physician, medical provider networks (MPNs), independent medical review (IMR) of treatment decisions made by MPN physicians, health care organizations (HCOs), and qualified medical evaluators (QMEs).

Modified work. If a treating physician reports that an injured worker will never recover completely or be able to return to the same job or working conditions that he or she had before injury, the employer may offer a modified job instead of a supplemental job displacement benefit. This is the worker’s old job with changes that meet the doctor’s work restrictions; it must pay at least 85 percent of the wages and benefits that were paid at the time of injury, last at least 12 months, and be within a reasonable commuting distance of where the worker lived at the time of injury.

Notice of Offer of Modified or Alternative Work (DWC-AD 10133.53). For dates of injury 2004 through 2012: A form that an employer or claims administrator sends to an injured worker with a permanent disability. If the employer makes this offer within 30 days after the worker’s final temporary disability (TD) payment, the claims administrator is not required to provide a supplemental job displacement

benefit (SJDB). If the worker was injured sometime in 2005 through 2012, the employer has 50 or more employees, and this offer is made within 60 days after the worker's condition becomes permanent and stationary (P&S), permanent disability (PD) payments are reduced by 15 percent; otherwise, PD payments are increased by 15 percent.

Notice of Offer of Regular, Modified, or Alternative Work (DWC-AD 10133.35). For dates of injury in 2013 or later: A form that an employer or claims administrator sends to an injured worker with a permanent disability. If the employer makes this offer within 60 days after the claims administrator learns the worker has a permanent partial disability (PPD) that has become permanent and stationary (P&S), the claims administrator is not required to provide a supplemental job displacement benefit (SJDB).

Notice of Offer of Regular Work (DWC-AD 10118). For dates of injury 2005 through 2012: A form that an employer or claims administrator sends to an injured worker with a permanent disability. If the employer has 50 or more employees and this offer is made within 60 days after the worker's condition becomes permanent and stationary (P&S), permanent disability (PD) payments are reduced by 15 percent; otherwise, PD payments are increased by 15 percent.

Objective factors. Measurements, direct observations, and test results that a treating physician, a QME, or an AME describes as contributing to an injured worker's permanent disability.

P&S report. A medical report written by a treating physician that describes the injured worker's medical condition when it has stabilized. See also "permanent and stationary."

Penalty. A fine charged to an employer or claims administrator and paid to the injured worker. It can refer to an automatic 10 percent penalty for a delay in one payment, or a 25 percent penalty, up to \$10,000, for an unreasonable delay.

Permanent and stationary (P&S). The point at which a doctor reports that the injured worker's condition has stabilized, or is not expected to get any better or any worse. For workers whose permanent disability must be rated using the "2005 Schedule for Rating Disabilities," this is referred to as the point in time when the worker has reached maximal medical improvement (MMI). See also "P&S report."

Permanent disability (PD) benefits. Payments to a worker whose job injury permanently limits the kinds of work the worker can do. Permanent partial disability (PPD) benefits are payments to a worker who is partially limited in the kinds of work he or she can do. Permanent total disability (PTD) benefits are payments to a worker who is considered permanently and completely unable to work.

Permanent disability (PD) rating. A percentage that estimates how much a job injury permanently limits the kinds of work the worker can do. It is based on the worker's medical condition, date of injury, age when injured, occupation when injured, and apportionment (how much the disability is caused by the job compared to other factors).

Personal physician. A doctor licensed in California with an MD degree (medical doctor) or a DO degree (osteopath), who has treated the injured worker in the past and has his or her medical records. The doctor must be a general practitioner, internist, pediatrician, obstetrician-gynecologist, or family practitioner who is the worker's primary care physician. "Personal physician" can refer to a medical group that provides comprehensive medical services mostly for medical conditions unrelated to work.

Physician. A medical doctor, an osteopath, a psychologist, an acupuncturist, an optometrist, a dentist, a podiatrist, or a chiropractor licensed in California. See the definition of "personal physician" above.

Predesignation. A worker telling his or her employer in writing, before getting hurt on the job, the name and address of the worker's personal physician in case of job injury. This physician must be the worker's primary care physician and must agree to be predesignated. A worker may also predesignate a medical group. If a worker predesignates, he or she will be allowed to be treated by the personal physician right after injury instead of a physician selected by the employer or the claims administrator. Workers can predesignate only if, on the date of injury, the worker has health care coverage for medical conditions that are unrelated to work. See also "personal physician."

Primary treating physician (PTP). The doctor who is responsible for managing the overall care of the injured worker and who writes medical reports that may affect the worker's benefits.

Qualified medical evaluator (QME). A doctor who is selected by either an injured worker, an injured worker's attorney, or a claims administrator, from a list provided by the Division of Workers' Compensation, to conduct a medical examination and prepare a medical-legal report to help resolve a dispute. QMEs are certified by the Division of Workers' Compensation.

Rating. See "permanent disability rating."

Reconsideration. A legal process for appealing a decision made by a workers' compensation administrative law judge.

Reconsideration of a summary rating. A process for determining whether mistakes were made in determining the permanent disability rating of an injured worker who does not have an attorney.

Regular work. An injured worker's old job, paying the same wages and benefits as paid at the time of injury and located within a reasonable commuting distance of where the worker lived at the time of injury.

Restrictions. See "work restrictions."

Return-to-work supplement. A supplemental benefit for injured workers, injured in 2013 or later, who have received a supplemental job displacement benefit (SJDB) voucher and who experience a disproportionate loss of earnings.

Schedule for Rating Permanent Disabilities. A state publication containing detailed information that is used to rate permanent disabilities. There are three schedules. See Chapter 7.

Settlement. An agreement between an injured worker and the claims administrator about the workers' compensation payments and future medical care that will be provided to the worker. Settlements must be reviewed by a workers' compensation administrative law judge to determine whether they are adequate to compensate the injured worker for the injury.

Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) benefits. Financial assistance for disabled persons. These benefits are administered by the US Social Security Administration. They may be reduced by workers' compensation payments that the injured worker receives.

Specific injury. An injury that was caused by one event at work. Examples: hurting one's back in a fall, getting burned by a chemical that splashes on the skin, getting hurt in a car accident while making deliveries.

State Disability Insurance (SDI). Short-term financial assistance for disabled workers in California. Workers with job injuries may apply for SDI benefits when workers' compensation payments are delayed or denied. These benefits are administered by the Employment Development Department (EDD).

State average weekly wage (SAWW). The average weekly wage paid to employees in California who were covered by unemployment insurance, as reported in the previous year by the US Department of Labor.

Stipulations with request for award (Stips). A type of settlement where the claims administrator usually agrees to continue paying for medical care for the injury.

Subjective factors. An injured worker's pain and other symptoms, not directly measured or observed, that a doctor describes as contributing to the worker's permanent disability.

Supplemental job displacement benefit (SJDB). A workers' compensation benefit for injured workers, injured in 2004 or later, who have a permanent partial disability (PPD) that prevents them from doing their old job and whose employers do not offer other work. It is in the form of a voucher that promises to help pay for educational retraining, skill enhancement, or both. Also called "voucher."

Supplemental Job Displacement Non-Transferable Voucher Form (DWC-AD 10133.32 or DWC-AD 10133.57). A form that a claims administrator uses to provide a supplemental job displacement benefit, or voucher, to an injured worker with a permanent disability. Form DWC-AD 10133.32 is used for dates of injury in 2013 or later. Form DWC-AD 10133.57 is used for dates of injury 2004 through 2012.

Temporary disability (TD) benefits. Payments to an injured worker who loses wages because the injury prevents the worker from doing his or her usual job while recovering. Temporary partial disability (TPD) benefits are payments to a worker who can do some work while recovering, but who earns less than before the injury. Temporary total disability (TTD) benefits are payments to a worker who cannot work at all while recovering.

Treating doctor or treating physician. An injured worker's primary treating physician (PTP) or other physician who treats the injured worker and whose findings are incorporated into the PTP's medical reports.

Uninsured Employers Benefits Trust Fund (UEBTF). A possible source of workers' compensation benefits for an injured worker whose employer is illegally uninsured in California. These benefits are administered by the state Division of Workers' Compensation.

Utilization review (UR). The process used by claims administrators to decide whether to authorize and pay for treatment recommended by the treating physician or another doctor.

Voucher. See "supplemental job displacement benefit."

Work restrictions. A doctor's description of clear and specific limits on an injured worker's job tasks, usually designed to protect the worker from further injury.

Workers' Compensation Appeals Board (WCAB). The Appeals Board and workers' compensation administrative law judges.