

CITY OF SAN DIEGO
ADMINISTRATIVE REGULATION

SUBJECT ADMINISTRATION OF WORKERS' COMPENSATION LIABILITIES	Number 62.00	Issue 2	Page 1 of 6
	Effective Date December 29, 2017		

1. PURPOSE

- 1.1. To define the City's self-administered program for meeting its workers' compensation liabilities in compliance with the workers' compensation provisions of Division 4 of the *California Labor Code*.

2. SCOPE

- 2.1. This regulation applies to all *Employees* pursuant to the definition below and all City Departments.

3. DEFINITIONS

- 3.1. *California Labor Code (Labor Code or LC)* – Defines the obligations of employers and rights of workers concerning the welfare of wage earners within the jurisdiction of the State of California.
- 3.2. *California Code of Regulations (CCR)* – Codifies California's regulatory agencies policies and procedures.
- 3.3. *Employee* – Any *Employee* of the City including full time, part time, hourly and seasonal or otherwise defined in the *Labor Code*. Volunteers for the City are covered pursuant to Council Policy 300-01.
- 3.4. *Medical Provider Network (MPN)* – State approved network of City contracted medical providers and ancillary services that provide treatment to injured City *Employees* injured at work.
- 3.5. *Pre-designated Personal Physician* – *Employees* are entitled to pre-designate their personal physician for treatment of a work related injury or illness. The designation must be made prior to the date of injury and the physician must meet criteria specified in the 8 *CCR* 9780.1, and detailed on Form RM -1698. Forms are available from the Risk Management Department or on the Risk Management Department website.

(Supersedes Administrative Regulation 62.00, Issue 1, effective June 26, 1975)

Authorized

Signature on File
CHIEF OPERATING OFFICER

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- 3.6. Total Temporary Disability (TTD) – An inability to work in any capacity determined by an authorized treating physician. *Employees* may be eligible for a *TTD* benefit equivalent to two thirds of their wages (maximum amounts allowed determined by the State of California schedule).
- 3.7. Workers' Compensation Benefits – Benefits may include but are not limited to: medical treatment, mileage reimbursement, temporary disability benefits, permanent disability benefits, death benefits, and salary continuation benefits.
- 3.8. 4850 Benefits – Salary continuation benefits for sworn personnel of Police, Fire and full-time Lifeguards (Lifeguard II and above) as defined in *Labor Code* section §4850.
- 3.9. Industrial Leave – Salary continuation benefit for non-sworn *Employees* which is defined in A.R. 63:00.
- 3.10. Workers' Compensation Appeals Board (WCAB) – State appointed Board responsible for adjudicating disputes and approving settlements of claims within its jurisdiction.
- 3.11. Light Duty – an assignment offered, due to medically imposed restrictions of an injured employee, to perform work in a capacity other than an employee's regular position.

4. POLICY

- 4.1. It is the policy of the City to self-insure the City's workers' compensation liabilities, and to self-administer the program.
- 4.2. Claims will be administered in the Risk Management Department (RM) by the Workers' Compensation Division staff qualified in accordance with state law.
- 4.3. Workers' Compensation Benefits will be provided in accordance with state law to all eligible City *Employees* who are ill or injured as a result of their employment with the City.
- 4.4. It is the policy of the City to ensure compliance with all State of California mandated reporting requirements.
- 4.5. RM adheres to the *California LC* and *CCR's* in administering claims while also promoting a supportive and communicative relationship between RM claims staff, injured *Employees* and City Departments.

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- 4.6. RM claims staff will communicate with all designated Department contacts regarding the status of *Employees'* temporary or permanent work restrictions or eligibility for *Light Duty*.
- 4.7. *Employees* eligible for the *TTD* benefit may request their benefit be supplemented with hours from their annual leave/sick leave (AL/SL) account. In order to use this option, an employee must be disabled and eligible for the *TTD* benefit. Employee must request to utilize AL/SL hours and have their leave account reimbursed by the *TTD* benefit amount converted to hours.
- 4.8. Any disputes which arise as to entitlement to *Workers' Compensation Benefits* shall be resolved by the *WCAB*.

5. RESPONSIBILITY

5.1. Employee:

- 5.1.1. Notifies supervisor immediately –within 24 hours- or as soon as reasonably possible when a work related injury or illness is sustained.
- 5.1.2. If medical attention is not required for a minor injury, the employee shall complete City Form RM 1568, (“Minor Injury Report”) and submit to their Supervisor or designated staff member/unit.
- 5.1.3. When medical attention is required, the injured employee shall select an *MPN* provider/occupational medical clinic and seek treatment. If employee has a valid *Pre-designated Personal Physician* then the employee shall proceed to that physician for evaluation/treatment. *Employees* must obtain Form RM 1634 (“Medical Status Report of Occupational Injury or Illness”) form at each visit which includes the physician’s statement of work restrictions.
- 5.1.4. Injured *Employees* must complete and submit Form RM 1642 (DWC 1) (“Workers’ Compensation Claim Form”) to their Supervisor or Department designated staff member/unit.

5.2. Employee’s Department:

- 5.2.1. Provide employee with RM form 1642 (“Workers’ Compensation Claim Form”) within 24 hours of knowledge that an employee may have sustained a work related injury.

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- 5.2.2. Immediately call in the injury into the City's 24 hour Injury Call Center, 1-800-427-7980.
- 5.2.3. Upon knowledge of doctor-imposed work restrictions, promptly notify the assigned RM claims representative and indicate whether Department can temporarily accommodate the work restrictions with a *Light Duty* assignment.
- 5.2.4. Assign a point of contact to act as a liaison between the Workers' Compensation Division and the Department for communications on specific and general workers' compensation related items (e.g., *Light Duty* assignments; payroll issues involving lost time, etc.)

5.3. Risk Management Department Workers' Compensation Division:

- 5.3.1. Within 48 hours of receiving a new workers' compensation claim, assign the injury to a Workers' Compensation Claims Representative.
- 5.3.2. Review and investigate each claim to determine eligibility under California law and City policy for medical treatment, 4850 and *Industrial Leave* Benefits.
- 5.3.3. Promptly administer and ensure delivery of all benefits allowed for in the *LC*, *CCR*, and City Administrative Regulation or Policy.
- 5.3.4. Maintain all records related to workers' compensation claims administered by the RM Workers' Compensation Division in accordance with the City's record retention schedule and state law.
- 5.3.5. Refer all cases with potential for third party liability to the Risk Management Department's Public Liability Division / Revenue and Recovery Section.
- 5.3.6. Communicate to injured employee's Department all information necessary to determine the employee's work capacity and anticipated dates of employee returning to full and/or *Light Duty*.
- 5.3.7. Provide regular communication, direction, and updates to non-represented *Employees* with active non-litigated claims. For *Employees* represented by legal counsel, communications must be directed to the employee's attorney.
- 5.3.8. Provide as-needed education sessions regarding the workers' compensation process

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and benefits to *Employees*, Departments and other City stakeholders.

- 5.3.9. Maintain the City's *MPN* to ensure accurate and up to date provider information is available.
- 5.3.10. Ensure all claims staff, responsible for handling workers' compensation claims obtain and maintain a current designation pursuant to California regulations.
- 5.3.11. Designated WC staff will meet with Departments upon request or at regular intervals to discuss the Department losses and status updates.
- 5.3.12. Thoroughly review medical recommendations made in the Utilization Review process and ensure any inconsistencies in those decisions are immediately addressed and reviewed by a Workers' Compensation Program Coordinator or Manager.
- 5.3.13. State mandated forms "Requests for Authorization" ("RFA") for treatment will be reviewed and approved or referred to Utilization Review.
- 5.3.14. Assume such other functions as may be established by law or by Administrative Regulation.

APPENDIX

Legal References

California Labor Code and California Code of Regulations
Administrative Regulation 63.00, *Industrial Leave*

Forms

RM 1634 – Medical Status Report of Occupational Injury or Illness
RM 1642 – Workers' Compensation Claim Form (DWC1)
RM 1698 – Notification of Pre-designation of Personal Physician
RM 1568 – City of San Diego Minor Injury Report

Subject Index

Accident - City Employee Occupational Injuries or Illness

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Claims - Occupational Injuries or Illness, *City Employees*

Injury - Occupational Injury or Illness, *City Employees*

Personnel - Employee Occupational Injury or Illness Claims

Report - Employee-Employer Report of Occupational Injury or Illness

Workers' Compensation

Administering Department

Risk Management Department