

Workers Compensation Claim State Environmental Guide – District of Columbia

District of Columbia – <http://does.dc.gov/page/workers-compensation-does>

Indemnity issues

<p>Temporary Total Benefits</p>	<p>2023- New maximum rate of \$1,713.14, new minimum rate of \$428.29 and 1.2% COLA. 66 2/3% of AWW not to exceed the maximum comp rate of \$1,713.14. There is no minimum rate for TTD in DC. The minimum rate only applies to PTD. The waiting period is 3 days; if disability is more than 14 days you go back and pick up the initial 3 days. Temporary disability benefits are limited pursuant to D.C. Code 32-1505(b) to 500 weeks unless the claimant can demonstrate within 60 days of the expiration of 500 weeks a whole body disability of 20% or greater. In that case, the injured worker would be entitled up to an additional 167 weeks.</p>
<p>Temporary Partial Benefits</p>	<p>No minimum rate on temporary partial benefits. The maximum would be the maximum comp rate for 2022 which is \$1,713.14. The same waiting period applies and the same limits apply to temporary total. Temporary partial is limited to 5 years.</p>
<p>Permanent Partial Benefits</p>	<p>Permanent partial is dependent upon the compensation rate and can be no more than the maximum rate for the year of the injury. A minimum rate does not apply to PPD. There is a schedule for almost all injuries from arms to toes. As to the schedule the original number of weeks has been reduced by 25% for injuries occurring on or after April 16, 1999. Doctors are not required to use the most recent AMA Guide for evaluating permanent impairment. They can use any version they choose. Additionally, the 5 factors of pain, weakness, atrophy, loss of endurance and loss of function may also be considered in addition to a rating found per the AMA guides. No apportionment for prior injuries but can receive dollar for dollar credit if Claimant received compensation for prior injury to the same body part. There is one year statute of limitations for worsening of PPD that only runs from the date of a Compensation Order from the AHD. Regardless, it is highly difficult for Claimants to receive worsening in the District because the worsening must be severe, akin to the loss of a limb. Permanent wage loss is paid for injuries that do not fall under the schedule³ and are capped at 500 weeks. Cannot include TTD and TPD in calculating the total 500 weeks. . As to permanent wage loss the statute was amended on April 16, 1999 to include two possible methods. The 1st method is to compare the wage rate for the current job versus what injured worker is currently making. The other method is to take the post injury job and look back in time to the wage rate on the date of the injury. A Claimant can receive permanent wage loss for a nonscheduled member and back injury and PPD for radicular symptoms to a scheduled member caused by the nonscheduled injury so long as the injury to the non-scheduled member would have reasonably resulted in wage loss on its own. For example, a Claimant can receive permanent wage loss for a back injury and PPD to the legs as a result of radiculopathy.</p>

Indemnity issues

Permanent Total Benefits	PTD means it is unlikely Claimant will find a job and if a Claimant does find a job, they are no longer PTD. Claimants must still comply with the carrier's return to work efforts including vocational rehabilitation if permanently and totally disabled. The minimum and maximum are the same for the permanent total and there is no waiting period. The min of \$407.89 applies to PTD. The benefits go on for the life of the individual. Note that as part of the April 16, 1999 amendment the section dealing with the 80% maximum benefit when combined with social security benefits was eliminated. Therefore, currently an individual can receive 100% of their workers compensation benefit with cost of living increases as workers' compensation does not offset Social Security benefits. Note: Cost of living (COLA) increases are allowed only on permanent and total benefits and not on death benefits. COLA increases are automatically applied at the start of the year. If the CR is already in the max rate, the new max will be the new CR. When the CR is not at the max rate, calculations are governed by D.C. Code 32-1506. New Max Rate x (Comp Rate/Max Rate for date of loss) = New CR for PTD. The 5% cap doesn't apply to the first increase but applies to all subsequent increases.
Fatality Benefits	The minimum and maximum compensation rates remain the same. the waiting period is not applicable. Funeral expenses are limited to \$5,000. If there is a widow/widower or domestic partner, they are entitled to 50% of the AWW (not the compensation rate). If there are dependent children, they are entitled to an additional 16 2/3 % to be divided among any dependent children. Dependent children are defined as any child under the age of 18 or over the age of 18 up to age 21 who is engaged in full time (more than 12 hours) of higher education. PPD awards can be awarded for deceased claimants.
Vocational Rehabilitation	Vocational rehabilitation is required, and it shall be designed within reason to return an employee to employment at a wage as close as possible to the wage that the employee earned at the time of the injury. During the period of vocational rehabilitation, the claimant would be entitled to his compensation rate. A Claimant does not have a duty to look for work or to apply for any jobs within his restrictions unless he is in vocational rehabilitation.
Settlement Allowed	Settlements are subject to review if the injured worker is without counsel. Settlements are to be automatically approved if the claimant is represented by counsel.
Cap on benefits, exceptions	Caps include 500 week limit for TTD; 500-667 weeks limit for Permanent wage loss, max compensation rate and 5 years for TPD. Ordinarily, a Claimant cannot receive TTD after receipt of PPD unless the period of TTD is for a surgery. A Claimant cannot receive PTD and PPD concurrently for the same accident. For injuries to multiple body parts, a Claimant can receive PPD for a recovered body part while still receiving TTD for an unrecovered body part. A Claimant has three years from termination of non-scheduled benefits to reopen for change of condition.

Medical issues

Initial Choice of Provider	The claimant can make his or her own first free choice.
Change of Provider	Once a treatment pattern has been established by a claimant with a treating physician, he can change physicians only by petitioning the agency and the criteria is whether the change is in the best interests of the claimant.
Medical Fee Schedule	113% of Medicare benefits.
Managed Care	No.

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Medical issues

Utilization Review	Yes. Required for all treatment disputes. Utilization Review must be performed by a URAC accredited third party and the report must be sent to the treating physician who is allowed 60 days to request reconsideration of the UR opinion.
Treatment Guidelines	No.
Generic Drug Substitution	The state does not mandate generic substitution.
Medical Mileage Reimbursement Rate	0.655¢ per mile.
Network Information	First Health (primary) and CorVel (secondary).
Ability to Terminate Medical Treatment	Failure to unreasonably follow medical recommendations can form the basis for termination of medical treatment.
Settlement Allowed	Settlement of medical benefits is allowed.
Cap on benefits, exceptions	No cap on medical benefits.

Other Issues

WC Hearing Docket Speed	Formal Hearings are docketed within 3-4 months of an Application for Formal Hearing being filed. Informal Conferences are set within 3-4 weeks of being requested.
Staff Counsel	Schoenberg & Associates 9954 Mayland Drive, Suite 5100 Richmond, VA 232363 (804-934-4200) And: 14200 Park Meadow Drive, Suite 310 North Chantilly VA 20151-2219 (571-287-6555)
Hearings require attorney or claim handler participation	Hearings, including Informal Conferences and Formal Hearings must be attended by counsel.
Occupational Diseases	According to D.C. Code 32-1510 occupational diseases of silicosis, asbestosis, radiation diseases and any other generally recognized occupational disease are compensable and become the liability of the employer of the last known exposure.
Second Injury Fund availability	As of April 16, 1999, there is no longer a Second Injury Fund. For injuries existing prior to April 16, 1999, the Second Injury Fund exists.
Other Offset Opportunities	There is no apportionment in the District of Columbia. Employer can receive dollar for dollar credit if Claimant previously received compensation for prior injury to the same body part, i.e. double recovery.
EDI	N/A
In-State Adjusting Required	N/A
License or Certification Required	N/A