



Workers' Compensation Division

# Worker Request for Reconsideration

There can only be one reconsideration proceeding by the Workers' Compensation Division (WCD) for any claim closure. All parties can raise issues and provide evidence within the statutory time limits. When permanent disability is raised, WCD will automatically review accepted conditions for temporary rating standards. For help filling out this form, contact the Appellate Review Unit, (503) 947-7816 or the Ombudsman for Injured Workers, (503) 378-3351 or (800) 927-1271. Complete and send a signed copy of this form, along with any information you want reviewed, to: Appellate Review Unit, Workers' Compensation Division, 350 Winter St. NE, P.O. Box 14480, Salem, Oregon 97309-0405. If you have an attorney, include a current signed retainer agreement.

## Claim identification

Worker's name: _____	WCD no.: _____	Date of injury: _____
Address: _____	Worker's date of birth: _____	
	Insurer claim no.: _____	
Phone no.: _____	Insurer name: _____	
E-mail: _____	E-mail: _____	
Worker's attorney (if any): _____	Insurer's attorney (if known): _____	
Address: _____	Address: _____	
Phone no.: _____	Phone no.: _____	
E-mail: _____	E-mail: _____	

## Reconsideration of closure (Check all boxes that apply. See back of this form for definitions.)

I request reconsideration of the Notice(s) of Closure (NOC) dated: \_\_\_\_\_

- I have special language needs. Please identify your language need: \_\_\_\_\_
- I have asked for and received a "lump sum" (full) payment of my permanent disability award.
- I will be scheduling a deposition.
- I initiated this request by phone.
- I request a panel exam.

## Issues (Check all issues you want reviewed. If you don't check a box, your right to dispute that issue ends.)

- 1. The insurer closed my claim too soon or closed it improperly (e.g., not medically stationary).
- 2. I disagree with the medically stationary or statutory closure date on the NOC. Correct date: \_\_\_\_\_
- 3. I disagree with the temporary disability dates shown on the NOC. Correct dates: \_\_\_\_\_
- 4. I disagree with the impairment findings used to determine and rate permanent disability. I want to be examined by a medical arbiter.
- 5. I disagree with the rating of permanent disability and provide additional clarifying information with this request. I understand by marking this box I will *not* be scheduled for a medical arbiter exam.
- 6. I have additional issue(s) with the NOC. Explain: \_\_\_\_\_

**Notice to all parties:** A request for reconsideration automatically includes review of the appropriateness of the closure under ORS 656.268. (e.g., medically stationary, sufficient information to close, etc.)

**Notice to the worker:** The insurer also may request reconsideration of its NOC and must do so within seven days of the mailing date of the NOC. Reconsideration includes a review of the whole record and may result in no change, a decrease, or an increase in your benefits. Mail, fax, phone, or hand-deliver your request within 60 days of the Notice of Closure, according to OAR 436-030-0005. You must send a copy of your request and any information you want reviewed to the insurer at the same time you send it to the Workers' Compensation Division.

\_\_\_\_\_  
Signature of worker, requester, or designee

\_\_\_\_\_  
Date

CC:

## Completion instructions, definitions, and other information (\*Notes required information)

### Claim identification

#### \*Worker's name, address, and phone number

This information is important to make sure all parties receive or can provide appropriate and timely information. The parties are responsible for providing updated information to each other and the division whenever something changes.

#### WCD number

The Workers' Compensation Division assigns this number when the 801 form is filed with the department. (This is a different number than the insurer claim number.) This number may appear on the front of the NOC.

#### \*Insurer claim number

The insurance company assigns this number to the claim. It is a different number than the WCD number the department assigns to the claim.

#### Insurer attorney's (if known) name, address, and phone number

You can obtain this information from the insurance company or from the front of the NOC.

#### E-mail

Provide e-mail addresses where messages are read and responded to regularly and promptly.

### Reconsideration of closure

#### \*Notice of Closure (NOC) date

This is the "mailing date" in the upper right-hand corner of the NOC. The insurer may also have sent you a Correcting NOC, a Rescinding and Reissuing NOC, or both. Put the "mailing date" of all NOCs you want to appeal on the same line.

#### Special language needs

Describe any special language needs you may have, including sign language.

#### Lump sum payment

Permanent partial disability (PPD) cannot be reviewed at reconsideration if:

- Your PPD award is more than \$6,000 and
- You request and accept a lump-sum payment from the insurer

#### Deposition

This is testimony under oath (not in a court) generally in a question-and-answer format. All parties can ask questions. The deposition is typed by a stenographer. You are required to schedule the deposition and notify the insurer. The insurer pays the costs.

#### Panel exam

Check this box if you want a panel of doctors to perform a medical arbiter exam.

### Issues

#### Premature or improper closure

Your claim was closed too soon. You are not medically stationary, or your claim was not closed in accordance with the law. For example, there was not enough information to determine your disability.

#### Medically stationary date

This is the date your doctor says that your condition will not improve with further medical treatment or the passage of time. It may not mean you are back to normal, but no further treatment is likely to help.

#### Statutory closure date

According to Oregon law, the claim can be closed whether your condition is medically stationary or not, when any of the following occur:

- The accepted condition is no longer the major cause of your need for treatment and there is enough information to determine the extent of disability;
- You do not seek medical treatment for 30 days – for reasons within your control – without the attending physician's approval;
- A mandatory closing examination is scheduled and you miss it for reasons within your control.

#### Temporary disability dates

These are the periods of time your attending physician has told your insurer that you are either unable to work (temporary total disability) or able to do only modified work (temporary partial disability).

#### Medical arbiter exam

This exam is performed by a physician who has not seen you for this claim. The physician is chosen by the division to help settle disputes about permanent disability.

#### Temporary rating standard

This is a claim-specific standard researched by the Appellate Review Unit. It is included in the reconsideration order to rate permanent disability not otherwise addressed in OAR 436-035, Disability Rating Standards.

#### Copies (cc)

List the parties to whom you are sending copies of the form and other information.

### Other important information

#### You disagree with the information or medical evidence used at claim closure. What can you do?

You can do one or more of the following:

- Explain why the information is incorrect
- Send clarifying information from the attending physician
- Send medical evidence that should have been included at the time of closure

This is your last chance to add information to the record for review or future appeals.

#### You disagree with something you did not raise in your request for reconsideration. What can you do?

You **cannot** raise any issue about the NOC in future appeals if you **did not** raise it at reconsideration.