

ALL ABOUT CLAIMS

JUNE 2014
ISSUE 38



All About Claims is a newsletter published by the **Colorado Division of Workers' Compensation** designed to provide information to claims practitioners. Please send comments or suggestions for future topics to Lise Maes by emailing lise.maes@state.co.us.

Colorado Division of Workers' Compensation *2014 Legislative Advisory*

Legislation enacted by the 2014 General Assembly contained amendments to the Colorado Workers' Compensation Act of importance to practitioners. There are also a number of significant procedural changes of which claims handlers will want to take notice. The following reiteration will highlight changes that should be fully considered and implemented to ensure compliance. This is not intended to be an exhaustive summary.

[Senate Bill 14-125](#)

[Signed June 5, 2014: Effective July 1, 2014](#)

- Creates the "Transportation Network Company Act" to define and provide regulation of services that use a digital network to connect riders to drivers for the purpose of providing transportation. [C.R.S. § 40-10.1-602\(3\)](#)
- Defines a transportation network company "driver" as an individual who uses his or her personal vehicle to provide services for riders matched through a transportation network company's digital network. A driver need not be an employee of the transportation network company. [C.R.S. § 40-10.1-602\(4\)](#)
- Affords the Director of the Division of Workers' Compensation ("Director") authority to determine by rule, whether transportation network companies have an obligation to provide or offer workers' compensation insurance coverage for purchase, to transportation network company drivers. Any determination must take existing Colorado statute and case law into consideration. [C.R.S. § 8-41-211](#)

Applicability: The bill takes effect July 1, 2014, and applies to those individuals or entities defined under the new Part 6 of article 10.1, title 40; except that it reserves for determination by the Director, the question of whether to require or make available workers' compensation insurance for network drivers.

Implementation: Rule making by the Division of Workers' Compensation ("Division") may be indicated at a later date.

Senate Bill 14-172

Signed June 5, 2014: Effective January 1, 2015

- Provides employer-paid benefits for eligible firefighters who suffer cardiac or circulatory illness as the result of a strenuous work event. The newly created *Firefighter Heart and Circulatory Malfunction Benefits* under title 29, is defined to include a diagnosis of sudden and serious coronary thrombosis, a cerebral vascular accident, a myocardial infarction or cardiac arrest. It does not include hypertension or angina. [C.R.S. § 29-5-301\(3\)](#)
- Offsets benefits paid pursuant to this section, by benefits awarded under the Workers' Compensation Act of Colorado. [C.R.S. § 29-5-302\(7\)\(a\)\(I\)](#)
- Treats the new heart and circulatory malfunction benefits as an on-the-job injury for purposes of employer policies and benefits, but does not affect a determination as to whether the heart and circulatory malfunction is compensable under the Workers' Compensation Act of Colorado. [C.R.S. § 29-5-302\(10\)](#)

Applicability: The bill takes effect January 1, 2015, and applies to benefits awarded under Part 3 of article 5, Title 29; *Firefighter Heart and Circulatory Malfunction Benefits*, only. Benefits awarded under the Workers' Compensation Act offset benefits awarded under this provision.

Implementation: No rule making by the Division of Workers' Compensation is anticipated.

Senate Bill 14-191

Signed May 31, 2014: Effective July 1, 2014

- Section 1. Acknowledges that while the Director or administrative law judge may appropriately consider the medical treatment guidelines when determining reasonable, necessary and related medical treatment, there is no requirement that the guidelines be used as the sole basis for the determination. [C.R.S. § 8-43-201\(3\)](#)
- Section 2. Memorializes efficiencies adopted by the Division for approving settlement agreements to:
 - Allow represented claimants to submit settlement documents by electronic mail;
 - Accept notarized, though not original, signatures by represented claimants, and;
 - Require that the Division electronically mail a copy of the order approving a settlement to the counsel of record or the insurance carrier or self-insured employer if unrepresented. [C.R.S. § 8-43-204\(8\)](#)
- Sections 3 & 4. Extends the date a hearing is required to commence, from 100 to 120 days from the date of the notice to set or the certificate of service on the request or application for hearing. [C.R.S. § 8-43-209\(1\)](#)
- Section 5. Extends the time for requesting a full order from 7 to 10 working days. [C.R.S. § 8-43-215\(1\)](#)
- Section 6. Affords the Director, his/her agents, deputies and administrative law judges from the Division and the Office of Administrative Courts, the authority to order out-of-state parties to appear in person or by telephone for a deposition or hearing, upon good cause shown. If a party fails to comply with the order, and in the absence of a reasonable excuse, s/he is liable for penalties under section 8-43-304(1). [C.R.S. § 8-43-315\(2\)&\(3\)](#)
- Section 7. Adds a section requiring that within 30 days receipt of a remand order with directions, the Director or administrative law judge or panel, issue an order consistent with

those directions. The remanding tribunal has authority to enforce the remand order. [C.R.S. § 8-43-318](#)

- Section 8.

- Reimburses the claimant for uncompensated wage loss at a rate of \$75.00 per day for attending an independent medical examination requested by the employer/insurer. [C.R.S. § 8-43-404\(1\)\(b\)\(I\)](#)
- Requires that upon refusal to treat or the discharge of an injured worker from care for *nonmedical reasons*, an authorized physician:
 - Notify the injured worker and insurer by certified mail within 3 business days;
 - Explain the reasons for refusal or discharge and;
 - Offer to transfer the employee's medical records to any new authorized physician upon receipt of a signed authorization to do so. [C.R.S. § 8-43-404\(10\)\(a\)](#)
- Assigns to the Director or administrative law judge jurisdiction to resolve disputes as to whether discharge from medical care or refusal to treat was for medical or nonmedical reasons. [C.R.S. § 8-43-404\(10\)\(a\)](#)
- Directs the insurer to designate a new authorized physician within 15 (calendar) days receipt of a notice from the authorized physician or the injured worker, of a discharge or refusal to treat for nonmedical reasons, where:
 - Further treatment is necessary, and;
 - There is no other authorized physician willing to provide treatment.The right of selection of a new authorized physician shifts to the claimant where the insurer fails to designate a new physician in conformity with the requirements of this section. [C.R.S. § 8-43-404\(10\)\(b\)](#)

- Section 9.

- Limits the aggregate of all lump sums granted to a claimant or a sole dependent in a compensable claim, to \$80,868.10. If a claimant is one of multiple dependents of a deceased worker, the aggregate of all lump sums granted that claimant must be the proportionate share, as determined by the Director or administrative law judge, of an amount not to exceed \$161,734.15. These amounts are applicable to dates of injury occurring prior to January 1, 2014. [C.R.S. § 8-43-406\(2\),\(3\)](#)
- Requires the Director adjust lump sum limits on July 1 of every year, by the percentage increase or decrease of the state average weekly wage. A claimant who has received the maximum lump sum is not entitled to additional lump sum benefits resulting from any subsequent annual increases to the lump sum maximum effective July 1. Claimants injured on or after January 1, 2014, may receive an aggregate of \$81,435.67 in lump sum disbursements. [C.R.S. § 8-43-406\(4\)](#)

Applicability: It is the Division's position that Sections 1, 2, and 6 are procedural in nature and apply to all claims regardless of date of injury. Sections 3, 4, 5, 7 and 8 apply to actions occurring on or after July 1, 2014. Paragraph 3 of Section 9 applies to dates of injury prior to January 1, 2014; and paragraph 4 of Section 9 applies to dates of injury on or after January 1, 2014.

Implementation: At a minimum, rulemaking will address settlement practices under Section 2, and lump sum awards under Section 9.

House Bill 14-1278

Signed May 31, 2014: Effective July 1, 2014

- Continues the program accrediting health care providers (both Level I and Level II) until September 1, 2025, as administered by the Division of Workers' Compensation (division). C.R.S. § 8-42-101(3.6)(r)(I)
- Allows the division to set physician registration fees sufficient to cover all Level I and Level II accreditation program costs including all course work and materials. C.R.S. § 8-42-101(3.6)(d)

Applicability: The bill takes effect July 1, 2014, and applies to program activities on and after that date.

Implementation: No rule making by the Division of Workers' Compensation is anticipated.

House Bill 14-1343

Signed June 6, 2014: Effective upon signature and effectively repealed December 31, 2015

- Creates a task force to research work-related post-traumatic stress disorders in peace officers and submit findings to the legislature by January 15, 2015. The task force must make recommendations on best policies and practices for employers of peace officers to include:
 - Identification, prevention, and treatment of work-related post-traumatic stress disorders;
 - Covered workers' compensation claims;
 - Standardized pre-employment psychological screenings; and
 - Education of both management and employees on this mental health issue.C.R.S. § 29-5-113

Applicability: Applies to representatives of various public agencies, associations and private organizations appointed to participate on the task force.

Implementation: No rule making by the Division of Workers' Compensation is indicated.

House Bill 14-1383

Signed June 5, 2014: Effective April 1, 2015, unless a referendum petition is filed by August 5, 2014

- Increases the number of medical providers from which an injured worker may choose a treating physician by requiring that an employer designate the names of at least four (4) physicians, corporate medical providers or a combination of both, where available. At least one of the designated providers must be at a distinct location from the other three and have distinct ownership.
 - *If there are not at least two* physicians (or corporate medical providers) within 30 miles of the employer's place of business with distinct locations and ownership, then an employer may designate providers at the same location and with shared ownership interests. C.R.S. § 8-43-404(5)(a)(I)(A)
- [Existing subparagraph B of this section provides for designation of one (1) physician or one corporate medical provider where *there are fewer than four* providers within 30 miles of the employer's place of business willing to treat injured workers. C.R.S. § 8-43-404(5)(a)(I)(B).

Current statute also provides that where an employer is a health care provider or a governmental agency that has its own occupational health care provider system, it may designate providers from within its system. C.R.S. § 8-43-404(5)(a)(I)(B)(II)(A)]

- *If there are more than three but less than nine* physicians or corporate medical providers willing to treat injured workers within 30 miles of the employer's place of business, then two physicians or corporate medical providers, (or a combination), at distinct locations and with distinct ownership, may be designated.
 - *If there are not at least two* physicians (or corporate medical providers) within 30 miles of the employer's place of business with distinct locations and ownership, then an employer may designate providers at the same location and with shared ownership interests. C.R.S. § 8-43-404(5)(a)(I)(C)
- In all cases and upon request, a designated provider must provide a list of ownership interests and employment relationships, if any, to an interested party to the claim, within 5 days receipt of the request. C.R.S. § 8-43-404(5)(a)(I)(A) &(C)

Applicability: Applicable to employers on or after April 15, 2015, in the absence of referendum petition.

Implementation: Rule making may be necessary at a later date.

2014 Amendments to Colorado Workers' Compensation Statute

(Please note that these statutory amendments have different effective dates)

8-41-211 Signed June 5, 2014 Effective July 1, 2014 New SB-14-125

8-41-211. Transportation network company drivers - rules.

UPON THE EFFECTIVE DATE OF PART 6 OF ARTICLE 10.1 OF TITLE 40, C.R.S., THE DIRECTOR, UPON CONSIDERATION OF EXISTING COLORADO STATUTORY AND CASE LAW, MAY BY RULE DETERMINE WHETHER OR NOT TRANSPORTATION NETWORK COMPANIES HAVE AN OBLIGATION UNDER EXISTING COLORADO LAW TO PROVIDE OR OFFER FOR PURCHASE WORKERS' COMPENSATION INSURANCE COVERAGE TO TRANSPORTATION NETWORK COMPANY DRIVERS.

8-42-101(3.6)(d) Signed May 31, 2014 Effective July 1, 2014 Amended HB-14-1278

8-42-101. Employer must furnish medical aid - approval of plan - fee schedule - contracting for treatment - no recovery from employee - medical treatment guidelines - accreditation of physicians - rules - repeal.

(3.6) The two-tier accreditation system shall comprise the following programs:

(d) The level I and level II accreditation programs shall operate in such a manner that the costs thereof shall be OF THE PROGRAM ARE fully met by registration fees paid by the physicians. ~~The registration fee for level I accreditation shall not exceed two hundred fifty dollars, and the registration fee for level II accreditation shall not exceed four hundred dollars.~~ The registration fee for each program shall MUST cover the cost of all accreditation course work and materials.

8-42-101(3.6)(r)(I) Signed May 31, 2014 Effective July 1, 2014 Amended HB-14-1278

8-42-101. Employer must furnish medical aid - approval of plan - fee schedule - contracting for treatment - no recovery from employee - medical treatment guidelines - accreditation of physicians - rules - repeal.

(3.6) The two-tier accreditation system shall comprise the following programs:

(r) (I) This subsection (3.6) is repealed, effective ~~July 1, 2014~~
SEPTEMBER 1, 2025.

8-43-201(3) Signed May 31, 2014 Effective July 1, 2014 New SB-14-191

8-43-201. Disputes arising under "Workers' Compensation Act of Colorado". (3) IT IS APPROPRIATE FOR THE DIRECTOR OR AN ADMINISTRATIVE LAW JUDGE TO CONSIDER THE MEDICAL TREATMENT GUIDELINES ADOPTED UNDER SECTION 8-42-101 (3) IN DETERMINING WHETHER CERTAIN MEDICAL TREATMENT IS REASONABLE, NECESSARY, AND RELATED TO AN INDUSTRIAL INJURY OR OCCUPATIONAL DISEASE. THE DIRECTOR OR ADMINISTRATIVE LAW JUDGE IS NOT REQUIRED TO UTILIZE THE MEDICAL TREATMENT GUIDELINES AS THE SOLE BASIS FOR SUCH DETERMINATIONS.

8-43-204(8) Signed May 31, 2014 Effective July 1, 2014 New SB-14-191

8-43-204. Settlements - rules. (8) THE DIRECTOR SHALL ADOPT RULES AS NECESSARY TO IMPLEMENT THE PROCEDURE TO REVIEW AND APPROVE SETTLEMENT DOCUMENTS. AT A MINIMUM, THE RULES MUST:

(a) ALLOW A REPRESENTED CLAIMANT TO SUBMIT SETTLEMENT DOCUMENTS FOR APPROVAL BY ELECTRONIC MAIL;

(b) PROVIDE FOR THE APPROVAL OF SETTLEMENT DOCUMENTS IF THE CLAIMANT'S SIGNATURE IS NOT AN ORIGINAL BUT IS NOTARIZED; AND

(c) REQUIRE THE DIVISION TO ELECTRONICALLY MAIL TO COUNSEL OF RECORD, OR TO THE

INSURANCE CARRIER OR SELF-INSURED EMPLOYER IF NOT REPRESENTED, A COPY OF THE DIVISION'S ORDER APPROVING THE SETTLEMENT AGREEMENT OF THE PARTIES.

8-43-209(1)

Signed May 31, 2014

Effective July 1, 2014

Amended

SB-14-191

8-43-209. Time schedule for hearings - establishment.

(1) Hearings ~~shall~~ MUST commence within one hundred TWENTY days ~~after~~ FROM the ~~hearing is set~~ DATE OF THE NOTICE OF SETTING BY THE DIRECTOR PURSUANT TO SECTION 8-43-211 (2) (a) OR OF THE DATE SHOWN ON THE CERTIFICATE OF SERVICE ACCOMPANYING THE REQUEST, NOTICE, OR APPLICATION BY A PARTY OR THE PARTY'S ATTORNEY pursuant to section 8-43-211 (2) (b) OR (2) (c). UPON AGREEMENT OF THE PARTIES, AN ADMINISTRATIVE LAW JUDGE SHALL GRANT one extension of time, NOT EXCEEDING SIXTY DAYS, to commence the hearing. ~~of no more than sixty days shall be granted by an administrative law judge upon agreement of the parties.~~

8-43-215(1)

Signed May 31, 2014

Effective July 1, 2014

Amended

SB-14-191

8-43-215. Orders. (1) No more than fifteen working days after the conclusion of a hearing, the administrative law judge or director shall issue a written order allowing or denying ~~said~~ THE claim. ~~Such~~ THE written order ~~shall~~ MUST either be a summary order or a full order. A full order ~~shall~~ MUST contain specific findings of fact and conclusions of law. If compensation benefits are granted, ~~such~~ THE written order ~~shall~~ MUST specify the amounts thereof, the disability for which compensation benefits are granted, by whom and to whom such benefits ~~shall~~ ARE TO be paid, and the method and time of ~~such~~ THE payments. A certificate of mailing and a copy of ~~such~~ THE written order shall be served by regular or electronic mail or by facsimile to each of the parties in interest or their representatives, the original of which ~~shall be~~ IS a part of the records in ~~said~~ THE case. If an administrative law judge has issued a summary order, a party dissatisfied with the order may make a written request for a full order within ~~seven~~ TEN working days after the date of mailing of the summary order. The request ~~shall be~~ IS a prerequisite to review under section 8-43-301. If a request for a full order is made, the administrative law judge ~~shall have~~ HAS ten working days after receipt of the request to issue the order. A full order shall be entered as the final award of the administrative law judge or director subject to review as provided in this article.

8-43-315(2)&(3)

Signed May 31, 2014

Effective July 1, 2014

New

SB-14-191

8-43-315. Witnesses and testimony - mileage - fees - costs.

(2) THE DIRECTOR, AN AGENT, DEPUTY, OR ADMINISTRATIVE LAW JUDGE OF THE DIVISION, OR AN ADMINISTRATIVE LAW JUDGE FROM THE OFFICE OF ADMINISTRATIVE COURTS, MAY, UPON A SHOWING OF GOOD CAUSE, ORDER THE ATTENDANCE AT A HEARING OR DEPOSITION OF ANY PARTY, OR OF AN OFFICER, DIRECTOR, EMPLOYEE, OR AGENT OF ANY PARTY, WHO IS LOCATED IN ANOTHER STATE. A WITNESS SO ORDERED SHALL APPEAR AS INDICATED IN THE ORDER OR SHALL BE AVAILABLE BY TELEPHONE AT THE TIME AND PLACE SET FORTH IN THE ORDER.

(3) IF A PARTY OR AN OFFICER, DIRECTOR, EMPLOYEE, OR AGENT OF A PARTY FAILS, IN THE ABSENCE OF A REASONABLE EXCUSE, TO OBEY AN ORDER ISSUED PURSUANT TO SUBSECTION (2) OF THIS SECTION, THE PARTY, OFFICER, DIRECTOR, EMPLOYEE, OR AGENT IS LIABLE FOR PENALTIES AS SPECIFIED IN SECTION 8-43-304 (1).

8-43-318

Signed May 31, 2014

Effective July 1, 2014

New

SB-14-191

8-43-318. Remand of case or order - time limit for further proceedings consistent with ruling on appeal.

IF A CASE OR ORDER IS APPEALED TO THE PANEL, THE COURT OF APPEALS, OR THE SUPREME COURT, AND THE CASE OR ORDER IS REMANDED WITH DIRECTIONS, THE DIRECTOR, ADMINISTRATIVE LAW JUDGE, OR PANEL, AS THE CASE MAY BE, SHALL ISSUE AN ORDER CONSISTENT WITH THOSE DIRECTIONS WITHIN THIRTY DAYS FROM RECEIPT OF THE REMAND. THE REMANDING TRIBUNAL HAS CONTINUING JURISDICTION TO ENFORCE THE REMAND ORDER.

8-43-404(1)(b)(I)

Signed May 31, 2014

Effective July 1, 2014

Amended

SB-14-191

8-43-404. Examination - refusal - personal responsibility - physicians to testify and furnish results - injured worker right to select treating physicians - injured worker right to third-party communications - definitions - rules. (1) (b)

(I) At least three business days in advance of an examination under paragraph (a) of this subsection (1), if requested by the claimant, the employer or insurer shall pay to the claimant the claimant's estimated expenses of attending the examination, including transportation, mileage, food, and hotel costs. IN ADDITION, IF THE CLAIMANT VERIFIES THAT HE OR SHE WILL INCUR UNCOMPENSATED WAGE LOSSES AS A RESULT OF ATTENDING THE EXAMINATION, THE EMPLOYER OR INSURER SHALL REIMBURSE THE CLAIMANT AT THE RATE OF SEVENTY-FIVE DOLLARS PER DAY. Failure to provide payment in accordance with this subparagraph (I) constitutes grounds for the claimant to refuse to attend the examination.

Effective April 1, 2015, unless
a referendum petition is filed
by August 5, 2014

8-43-404(5)(a)(I)(A)

Signed June 5, 2014

Amended

HB-14-1383

8-43-404. Examination - refusal - personal responsibility - physicians to testify and furnish results - injured worker right to select treating physicians - injured worker right to third-party communications - definitions - rules. (5) (a)

(I) (A) In all cases of injury, the employer or insurer shall provide a list of at least ~~two~~ FOUR physicians or ~~two~~ FOUR corporate medical providers or at least ~~one~~ TWO ~~physician~~ PHYSICIANS and ~~one~~ TWO corporate medical ~~provider~~ PROVIDERS OR A COMBINATION THEREOF where available, in the first instance, from which list an injured employee may select the physician who attends said THE injured employee. ~~The two~~ AT LEAST ONE OF THE FOUR designated ~~providers shall~~ PHYSICIANS OR CORPORATE MEDICAL PROVIDERS OFFERED MUST be at ~~two~~ A distinct ~~locations~~ LOCATION FROM THE OTHER THREE DESIGNATED PHYSICIANS OR CORPORATE MEDICAL PROVIDERS without common ownership. If there are not AT LEAST two ~~providers~~ PHYSICIANS OR CORPORATE MEDICAL PROVIDERS at ~~two~~ distinct locations without common ownership within thirty miles of ~~each other~~ THE EMPLOYER'S PLACE OF BUSINESS, then an employer may designate ~~two~~ PHYSICIANS OR CORPORATE MEDICAL providers at the same location or with shared ownership interests. Upon request by an interested party to the workers' compensation claim, a designated provider on the employer's list shall provide a list of ownership interests and employment relationships, if any, to the requesting party within five days of the receipt of the request. If the services of a physician are not tendered at the time of injury, the employee shall have the right to select a physician or chiropractor. For purposes of this section, "corporate medical provider" means a medical organization in business as a sole proprietorship, professional corporation, or partnership.

Effective April 1, 2015, unless
a referendum petition is filed
by August 5, 2014

8-43-404(5)(a)(I)(C)

Signed June 5, 2014

New

SB-14-1383

(C) IF THERE ARE MORE THAN THREE PHYSICIANS OR CORPORATE MEDICAL PROVIDERS, BUT FEWER THAN NINE PHYSICIANS OR CORPORATE MEDICAL PROVIDERS WITHIN THIRTY MILES OF THE EMPLOYER'S PLACE OF BUSINESS WHO ARE WILLING TO TREAT AN INJURED EMPLOYEE, THE EMPLOYER OR INSURER MAY INSTEAD DESIGNATE TWO PHYSICIANS OR TWO CORPORATE MEDICAL PROVIDERS OR ANY COMBINATION THEREOF. THE TWO DESIGNATED PROVIDERS SHALL BE AT TWO DISTINCT LOCATIONS WITHOUT COMMON OWNERSHIP. IF THERE ARE NOT TWO PROVIDERS AT TWO DISTINCT LOCATIONS WITHOUT COMMON OWNERSHIP WITHIN THIRTY MILES OF THE EMPLOYER'S PLACE OF BUSINESS, THEN AN EMPLOYER MAY DESIGNATE TWO PROVIDERS AT THE SAME LOCATION OR WITH SHARED OWNERSHIP INTERESTS. UPON REQUEST BY AN INTERESTED PARTY TO THE WORKERS' COMPENSATION CLAIM, A DESIGNATED PROVIDER ON THE EMPLOYER'S LIST SHALL PROVIDE A LIST OF OWNERSHIP INTERESTS AND EMPLOYMENT RELATIONSHIPS, IF ANY, TO THE REQUESTING PARTY WITHIN FIVE DAYS OF THE RECEIPT OF THE REQUEST.

(10) (a) IF AN AUTHORIZED PHYSICIAN REFUSES TO PROVIDE MEDICAL TREATMENT TO AN INJURED EMPLOYEE OR DISCHARGES AN INJURED EMPLOYEE FROM MEDICAL CARE FOR NONMEDICAL REASONS WHEN THE INJURED EMPLOYEE REQUIRES MEDICAL TREATMENT TO CURE OR RELIEVE THE EFFECTS OF THE WORK INJURY, THEN THE PHYSICIAN SHALL, WITHIN THREE BUSINESS DAYS FROM THE REFUSAL OR DISCHARGE, PROVIDE WRITTEN NOTICE OF THE REFUSAL OR DISCHARGE BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED, TO THE INJURED EMPLOYEE AND THE INSURER OR SELF-INSURED EMPLOYER. THE NOTICE MUST EXPLAIN THE REASONS FOR THE REFUSAL OR DISCHARGE AND MUST OFFER TO TRANSFER THE INJURED EMPLOYEE'S MEDICAL RECORDS TO ANY NEW AUTHORIZED PHYSICIAN UPON RECEIPT OF A SIGNED AUTHORIZATION TO DO SO FROM THE INJURED EMPLOYEE. THE DIRECTOR OR ANY ADMINISTRATIVE LAW JUDGE OF THE OFFICE OF ADMINISTRATIVE COURTS HAS JURISDICTION TO RESOLVE DISPUTES REGARDING WHETHER A REFUSAL TO PROVIDE MEDICAL TREATMENT OR A DISCHARGE FROM MEDICAL CARE WAS FOR MEDICAL OR NONMEDICAL REASONS.

(b) IF THE INSURER OR SELF-INSURED EMPLOYER RECEIVES WRITTEN NOTICE PURSUANT TO PARAGRAPH (a) OF THIS SUBSECTION (10), OR IF THE INSURER OR SELF-INSURED EMPLOYER AND THE AUTHORIZED TREATING PHYSICIAN RECEIVE WRITTEN NOTICE BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED, FROM THE INJURED EMPLOYEE OR THE INJURED EMPLOYEE'S LEGAL REPRESENTATIVE THAT AN AUTHORIZED PHYSICIAN REFUSED TO PROVIDE MEDICAL TREATMENT TO THE INJURED EMPLOYEE OR DISCHARGED THE INJURED EMPLOYEE FROM MEDICAL CARE FOR NONMEDICAL REASONS WHEN SUCH INJURED EMPLOYEE REQUIRES MEDICAL TREATMENT TO CURE OR RELIEVE THE EFFECTS OF THE WORK INJURY, AND THERE IS NO OTHER AUTHORIZED PHYSICIAN WILLING TO PROVIDE MEDICAL TREATMENT, THEN THE INSURER OR SELF-INSURED EMPLOYER SHALL, WITHIN FIFTEEN CALENDAR DAYS FROM RECEIVING THE WRITTEN NOTICE, DESIGNATE A NEW AUTHORIZED PHYSICIAN WILLING TO PROVIDE MEDICAL TREATMENT. IF THE INSURER OR SELF-INSURED EMPLOYER FAILS TO DESIGNATE A NEW PHYSICIAN PURSUANT TO THIS PARAGRAPH (b), THEN THE INJURED EMPLOYEE MAY SELECT THE PHYSICIAN WHO ATTENDS TO THE INJURED EMPLOYEE.

8-43-406. Compensation in lump sum. (2) IF A CLAIMANT WHO HAS BEEN AWARDED COMPENSATION IS THE INJURED WORKER OR THE SOLE DEPENDENT OF A DECEASED INJURED WORKER, the aggregate of all lump sums granted to a THE claimant ~~who has been awarded compensation shall~~ MUST not exceed ~~sixty~~ EIGHTY thousand EIGHT HUNDRED SIXTY-EIGHT dollars AND TEN CENTS.

(3) IF A CLAIMANT WHO HAS BEEN AWARDED COMPENSATION IS ONE OF MULTIPLE DEPENDENTS OF A DECEASED INJURED WORKER, THE AGGREGATE OF ALL LUMP SUMS GRANTED TO THE CLAIMANT MUST BE A PROPORTIONATE SHARE, AS DETERMINED BY THE DIRECTOR OR ADMINISTRATIVE LAW JUDGE, OF AN AMOUNT NOT TO EXCEED ONE HUNDRED SIXTY-ONE THOUSAND SEVEN HUNDRED THIRTY-FOUR DOLLARS AND FIFTEEN CENTS.

(4) FOR INJURIES SUSTAINED ON OR AFTER JANUARY 1, 2014, THE DIRECTOR SHALL ADJUST THE LUMP-SUM LIMITS SET FORTH IN SUBSECTIONS (2) AND (3) OF THIS SECTION ON JULY 1, 2014, AND EACH JULY 1 THEREAFTER, BY THE PERCENTAGE OF THE ADJUSTMENT MADE BY THE DIRECTOR TO THE STATE AVERAGE WEEKLY WAGE PURSUANT TO SECTION 8-47-106. A CLAIMANT WHO HAS RECEIVED COMPENSATION UNDER THIS SECTION IS NOT ENTITLED TO ANY FURTHER COMPENSATION UNDER THIS SECTION RELATED TO THE CLAIM AS A RESULT OF AN ADJUSTMENT BY THE DIRECTOR PURSUANT TO THIS SUBSECTION (4).

TO: ALL WORKERS' COMPENSATION INSURANCE CARRIERS, THIRD-PARTY ADMINISTRATORS, AND ALL SELF-INSURED EMPLOYERS

FROM: PAUL TAURIELLO, DIRECTOR
COLORADO DIVISION OF WORKERS' COMPENSATION

DATE: JULY 1, 2014

SUBJECT: MAXIMUM RATES FOR WORKERS' COMPENSATION BENEFITS FOR THE YEAR BEGINNING JULY 1, 2014, THROUGH AND INCLUDING JUNE 30, 2015.

MAXIMUM TEMPORARY DISABILITY BENEFIT SCHEDULE

| Days: | 1 | 2 | 3 | 4 | 5 | 6 |
|--------|-------------|-------------|-------------|-------------|-------------|-------------|
| | \$ 125.95 | \$ 251.90 | \$ 377.85 | \$ 503.80 | \$ 629.75 | \$ 755.70 |
| 1 Week | \$ 881.65 | \$ 1,007.60 | \$ 1,133.55 | \$ 1,259.50 | \$ 1,385.45 | \$ 1,511.40 |
| 2 Week | \$ 1,763.30 | \$ 1,889.25 | \$ 2,015.20 | \$ 2,141.15 | \$ 2,267.10 | \$ 2,393.05 |
| 3 Week | \$ 2,644.95 | \$ 2,770.90 | \$ 2,896.85 | \$ 3,022.80 | \$ 3,148.75 | \$ 3,274.70 |
| 4 Week | \$ 3,526.60 | \$ 3,652.55 | \$ 3,778.50 | \$ 3,904.45 | \$ 4,030.40 | \$ 4,156.35 |

EFFECTIVE JULY 1, 2014, AT 12:01 AM

MAXIMUM COMPENSATION BENEFIT RATE: To qualify for the maximum rate of \$881.65, a wage of at last \$1,322.48 per week must be earned. C.R.S. § 8-42-105.

SCHEDULED IMPAIRMENT RATE: Payable at a weekly compensation rate of \$277.03. C.R.S. § 8-42-107(6)(b)

NON-SCHEDULED (OR MEDICAL) IMPAIRMENT: Payable at the TTD weekly rate, but not less than \$150.00 per week and not more than \$484.44 per week. C.R.S. § 8-42-107(8)(d).

BODILY DISFIGUREMENT: Maximum is \$4,673.47 and up to \$9,345.38 for extensive facial or body scars, burn scars or stumps resulting from the loss of limbs. C.R.S. § 8-42-108.

LUMP SUMS: Maximum lump sum for an injured worker or sole dependent with a date of injury after January 1, 2014 is \$81,435.67. For cases with multiple dependents, the aggregate of all lump sums cannot exceed \$162,869.28.

COMBINED CAPS: Maximum combined TTD and PPD benefits for individuals with 25% or less whole person impairment is \$81,435.67. Maximum combined benefits for individuals with greater than 25% whole person impairment are \$162,869.28.

FATAL CASE: Maximum of \$881.65 per week, C.R.S § 8-42-114.

Dependents Benefits: and the extent of their dependency is determined as of the date of injury. The right to death benefits becomes fixed as of that date except as provided in C.R.S. § 8-41-501 (1)(c).

Minimum Death Benefit: 25% of Maximum Weekly Benefit or \$220.41, C.R.S. § 8-42-114.

Claims with no dependents: \$15,000.00 payable the Subsequent Injury Fund, C.R.S. § 8-46-102, C.R.S.

**STATE OF COLORADO
DEPARTMENT OF LABOR AND EMPLOYMENT
DIVISION OF WORKERS' COMPENSATION**

ORDER

WHEREAS, pursuant to Colorado Revised Statute § 8-47-106, the State Average Weekly Wage shall be established by the Director of the Division of Workers' Compensation annually, on or before July 1, and

WHEREAS, pursuant to the requirements of said statute, the Director of the Division of Employment and Training has furnished statistics to the Director of the Division of Workers' Compensation based upon the average weekly earnings in Colorado as referenced in C.R.S. § 8-73-102 (1)-(3), and

WHEREAS, the Director of the Division of Workers' Compensation having reviewed the statistics so furnished and is now fully advised in the premises;

THEREFORE, THE DIRECTOR FINDS:

1. That the Colorado State Average Weekly Wage as referenced in C.R.S. § 8-73-102 (1)-(3) is \$968.87
2. That the maximum benefit rate for Temporary Total Disability, Temporary Partial Disability, Permanent Total Disability, and Death Benefits under the Workers' Compensation Act of Colorado shall be ninety-one percent (91%) of such Average Weekly Wage or \$881.65.
3. That to be eligible for the maximum of \$881.65 the claimant must have a weekly income of at least \$1,322.48.
4. Pursuant to §8-42-108(3), C.R.S., the limits of disfigurement are adjusted based on the percentage of adjustment to the state average weekly wage. The maximum limit for disfigurement is \$4,673.47 and up to \$9,345.38 for extensive facial or body scars, burn scars or stumps resulting from the loss of limbs.
5. Pursuant to §8-42-107(6)(b), C.R.S., the scheduled compensation rate shall be adjusted based on the percentage of adjustment to the state average weekly wage. The compensation rate for a scheduled injury is \$277.03
6. Pursuant to §8-42-107.5, C.R.S., the limits on the amount of compensation for combined temporary disability payments and partial disability payments shall be increased to \$81,435.67 for claimants whose impairment rating is twenty-five percent of the whole person or less and \$162,869.28 for claimants whose whole person impairment rating is greater than twenty-five percent.
7. Pursuant to §8-43-406, C.R.S., for injuries sustained on or after January 1, 2014, the maximum lump sum payment for an injured worker or sole dependent is \$81,435.67. In cases where there are multiple dependents, the maximum aggregate of all lump sums is \$162,869.28.

NOW, THEREFORE, BE IT ORDERED: That as of 12:01 a.m. July 1, 2014, and for the ensuing twelve months through and including June 30, 2015, the maximum rate for compensation benefits for Temporary Total Disability, Temporary Partial Disability, Permanent Total Disability, and Death Benefits shall be at the weekly rate of \$881.65 or at the daily rate of \$125.95.

Dated: June 12, 2014.

DIVISION OF WORKERS' COMPENSATION


By _____
Paul Tauriello
Director