
Chapter 5: Medical Benefits

7. *Does a worker have to allow employer-hired case managers to manage his or her care?*

No. A worker may, without penalty, refuse or limit the involvement of nurses or case managers hired by the employer. The employee is obligated to provide medical records that are relevant to the case, but otherwise a worker's medical care is confidential. While case management is not mandatory, if a case is complicated or the injury severe, a worker may find the assistance of case management helpful.

8. *Can the employer ask for an evaluation by its own doctor?*

Yes. The employer may order a full medical exam by the doctor of its choice. When the employer gives the employee notice of the place and time of the exam, it must at the same time give the employee money to cover travel expenses, meals, lost wages, etc.

The exam must be held at a reasonable time and place. The worker must undergo the exam, but he or she need not accept any treatment from the employer's doctor.

The employer's doctor must give both parties the same report of the exam as soon as practicable, but not less than 48 hours before an arbitration hearing.

The worker is also entitled, upon request, to a copy of all relevant medical records in the employer's possession.

9. *How are prices for medical care determined?*

Most treatments that are covered under the Act and were provided on or after February 1, 2006 are subject to a medical fee schedule. The employer shall pay the lesser of the provider's actual charge or the amount set by the fee schedule.

If, however, an employer or insurance carrier contracts with a provider for the purpose of providing services under the Act, the rate negotiated in the contract shall prevail.

The schedule is posted on the Commission's website. Please also refer to the law, rules, *Instructions and Guidelines*, and the "Medical: Frequently Asked Questions" web page.

Should you have any questions or want additional information regarding Illinois Workers' Compensation Medical Benefits, and the *Handbook on Workers' Compensation and Occupational Diseases*, or the Illinois Workers' Compensation Commission (IWCC), call IWCC toll free: (866) 352-3033 or (312) 814-6611. IWCC website: www.iwcc.il.gov

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Medical Benefits*: *Do You Know Your Rights?*

Illinois Workers' Compensation Commission

**Handbook on Workers' Compensation
and Occupational Diseases*

Chapter 5

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Chapter 5: Medical Benefits

1. What medical benefits are covered under the law?

The employer is required to pay for all medical care that is reasonably necessary to cure or relieve the employee from the effects of the injury.

This includes but is not limited to first aid, emergency care, doctor visits, hospital care, surgery, physical therapy, chiropractic treatment, pharmaceuticals, prosthetic devices, and prescribed medical appliances.

The cost of devices, such as a shoe lift or a wheelchair, may be covered. If the work injuries result in a disability that requires physical modifications to the worker's home, such as a wheelchair ramp, the employer may have to pay those costs, as well.

2. Who pays for the medical care?

If the employer does not dispute a medical bill, it will pay the medical provider directly. The worker is not required to pay co-payments or deductibles.

If the employer disputes a bill, it must promptly give the worker a written explanation for its refusal.

While a case is pending at the Commission, the provider cannot try to collect payment from the employee once the employee notifies the provider that he or she has filed a claim with the Commission to resolve this dispute.

The provider may send the employee reminders of the outstanding bill, and ask for information about the case (e.g., case number, status of case). If the employee does not provide the information within 90 days of the date of the reminder, the provider may resume its efforts to collect payment.

3. Can the employee choose the treating doctor or hospital?

Yes, but there are limits. The employee must choose carefully so that he or she does not end up becoming personally responsible for medical bills.

The employer may create a preferred provider program (PPP) approved by the Department of Insurance. If it does, it must inform the employee in writing of this program.

The employee may decline participation in the PPP at any time by sending the employer a written statement. If the employee declines participation, it counts as one of the two choices of medical providers.

If the employee declines participation in the PPP, the employee may choose any doctor or hospital, and go to any doctor to whom the employee is referred by that provider. If the employee wishes to see another chain of providers, however, the employer must approve.

If the employer does not have an approved PPP, the employee may choose another doctor or hospital, and again go to any

doctor to whom the employee is referred by the provider.

First aid and emergency care are not considered to be one of the employee's two choices. Nonemergency care obtained before the employee reports the injury to the employer does count as one of the two choices.

4. What if the employee believes the PPP or the second choice of provider is not providing good medical care?

The employee may petition the Commission. If the Commission finds the provider's care is improper or inadequate, the employee may choose a provider at the employer's expense.

5. As long as the worker stays within the limits on choice of provider, will the employer then pay for all medical care?

A utilization review organization may review the employee's past, present, and future medical treatments related to the work injury, and analyze the necessity of those treatments. The Commission will consider the utilization review finding, along with all other evidence, when determining whether a treatment was reasonably necessary. If the Commission finds a medical treatment was not reasonably necessary, it will not order the employer to pay the bill, and the employee may be responsible for it.

6. What are the worker's responsibilities regarding medical care?

The worker should take the following steps:

- a) Seek first aid or medical attention immediately after the injury or the point at which gradual symptoms first begin affecting physical activities at work or at home. (If the employer and employee agree in writing, the employee may rely upon treatment by prayer or spiritual means alone.)
- b) Cooperate with the doctors and make efforts to achieve a complete recovery and full return to work, if possible. A worker may lose benefits for injurious or unsanitary activities.
- c) Tell the medical providers that the treatment is for a work-related condition. This lets the providers know that the employer is responsible for the medical bill.
- d) Give the employer the name and address of the doctor or hospital chosen. If the employee changes providers, the employee should again notify the employer. The employee must also give the employer enough medical information for the employer to determine whether to accept or deny the claim. This includes all medical records relevant to the condition for which benefits are sought. A worker is not required to give anyone free access to his or her doctor or medical records, however. The employer is not required to provide benefits if it does not receive the medical information necessary to determine the worker's medical status and fitness to work. If the employee's doctor does not send medical records to the employer, benefits may be delayed.