

Understanding Claim Closure and Your Rights

A guide for injured workers

What is claim closure?

When the insurer accepts your claim as disabling, you are notified that your claim is open or active. The claim will normally continue in that status until you recover from your on-the-job injury. Once you have recovered or your claim otherwise qualifies, the insurer will close your claim, which puts it in inactive status.

When can my claim be closed?

A claim is closed when one of the following happens:

- Your medical records show you are medically stationary, which means your health care provider says that your condition will not improve with more medical treatment or the passage of time. This may mean that, while you are not back to normal, further treatment is not likely to help.
- Your work injury is no longer the major cause of your disability or need for treatment.
- You fail to attend medical appointments.

How will I know when my claim has been closed?

The insurer will send you a Form 1644, **Notice of Closure**. This notice is important because it contains the following information:

- Your work release, e.g., return to regular work or modified work.
- The dates your health care provider said you were off work or were released to perform modified work because of your accepted condition.

Any permanent disability resulting from the accepted condition.

- The dollar value of any permanent disability resulting from the accepted condition.
- The date your condition became medically stationary or your claim could be closed for other reasons.
- The end date of your period of five-year aggravation rights. If your condition gets worse in this five-year period, you have the right to request your claim be reopened.

You will also receive a separate document titled Updated Notice of Acceptance at Closure. It lists the medical conditions your insurer has accepted and denied.

How does the insurer decide what my benefits and disability are?

The insurer rates your disability and decides your benefits using standards set by the Oregon Legislature and the Workers' Compensation Division.

What is permanent partial disability?

Permanent partial disability is the permanent loss of use or function of any portion of the body resulting from your accepted conditions.

When will I receive payment if I have permanent partial disability?

The insurer has 30 days from the mailing date of the Notice of Closure to start making permanent disability payments.

- If your permanent partial disability is valued at \$6,000 or less and you have not appealed the Notice of Closure, the insurer will make a lump-sum (single) payment within 30 days of the date of the Notice of Closure.
- If your permanent partial disability has a value of more than \$6,000, the insurer will begin making monthly payments within 30 days of the date of the Notice of Closure, even if you have appealed the Notice of Closure.

You may ask the insurer to pay you in a lump sum when your permanent partial disability award is more than \$6,000. However, if you appeal the amount of your permanent partial disability, you cannot receive a lump-sum payment until the appeal process is finished.

If you ask for and accept a lump-sum payment of any part of your permanent partial disability, you give up your right to appeal the amount of the award.

Medical care after claim closure

What if I still need medical care?

After you are medically stationary, the insurer is still responsible for some medical services as long as your current need for medical treatment is related to the accepted conditions. The insurer will continue to cover medical services such as prescriptions and diagnostic and life-preserving care related to your accepted conditions. Contact the insurer if you are not sure what medical expenses are covered.

What if my medical condition gets worse and I can't work or need more treatment?

If your accepted medical condition gets worse, you may request to reopen your claim. You must fill out Form 827, **Worker's and Health Care Provider's for Workers' Compensation Claims**, at your health care provider's office and check the box for "Report of aggravation of original injury (actual worsening of underlying condition)."

What if I'm unable to return to my regular work?

You may be eligible for vocational assistance if you are not released to regular work and have a permanent disability. If you want to know if you are eligible for vocational services, you can send a letter to the insurer asking for a vocational eligibility evaluation. The insurer must either begin an evaluation or deny your request. You will have appeal rights.

Reconsideration of a Notice of Closure

What is reconsideration?

Reconsideration is the division's review of your claim closure after you or the insurer appeals it. You may ask to have anything on the Notice of Closure reviewed. Insurers are limited to requesting review of impairment findings that lead to an award of permanent disability. Any part of the closure that is appealed can be upheld or amended, and permanent partial disability can remain the same, be increased, or be reduced.

Who can appeal the Notice of Closure?

Both you and the insurer can appeal the claim closure. You have 60 days from the mailing date on the Notice of Closure — the date your claim closed — to request review of any part of the closure.

Should I appeal my claim closure?

The decision to appeal is up to you. You may talk to a lawyer or the office of the Ombudsman for Injured Workers for help. Some reasons to appeal the Notice of Closure are:

- You do not think the insurer should have closed your claim because you are not medically stationary.
- You think you should have received temporary disability benefits for a period other than what is listed on the closure.
- You think you have permanent disability and there is none awarded on the closure.
- You think you have more permanent disability than is awarded on the closure.

How do I appeal my claim closure?

You must request reconsideration within 60 days of the date of the Notice of Closure. You need to fill out Form 2223a, **Workers' Request for Reconsideration**, which is available on the Workers' Compensation Division's website, **www.cbs.state.or.us/wcd/policy/bulletins/forms.html**. If you want the form sent to you or if you would like to request reconsideration by phone, contact the Appellate Review Unit at 503-947-7816, option No. 1.

Service Directory

Who can I contact?

The insurer

The insurer's name, address, and phone number are on the front of the **Notice of Closure**.

Ombudsman for Injured Workers

The ombudsman will help you understand your rights, explain how to appeal your closure, and tell you if other benefits may be available to you.

Toll-free: 800-927-1271
503-378-3351

A lawyer

Contact the Oregon State Bar for lawyer referral services information at **<http://www.oregonstatebar.org>**.

Workers' Compensation Division

Appellate Review Unit

Call for information about appealing your claim closure.

Toll-free: 800-452-0288
503-947-7816

Benefits and Certifications Unit

Call for general information about your claim, claim closure, or other benefits.

Toll-free: 800-452-0288
503-947-7585
E-mail: **workcomp.questions@state.or.us**
Website: **www.wcd.oregon.gov**

OREGON Workers' Compensation Division

350 Winter St. NE
P.O. Box 14480
Salem, OR 97309-0405

WCD main reception:
503-947-7810
Infoline (toll-free in Oregon):
800-452-0288

