

THE BASICS OF WORKERS' COMPENSATION

Robert E. Grey Grey & Grey, LLP

Offices at:

111 Broadway – Suite 809 New York, New York 10006 (212) 964-1342

> 2932 Wilkinson Ave Bronx, NY 10461 (718) 268-5300

360 Main Street Farmingdale, New York 11735 (516) 249-1342 118-35 Queens Blvd – Suite 1505 Forest Hills, New York 11375 (718) 268-5300

> 203 East Post Road White Plains, NY 10601 (914) 984-2292

646 Main Street Port Jefferson, New York 11777 (631) 249-1342

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NYS Workers' Compensation Law of 1914



Employers: Promised speedy payment for lost wages and medical bills for occupational accidents and illnesses, **without regard to fault** and without a formal legal process.

Employees: Gave up the right to sue.

The Parties

NYS Workers' Compensation Board

Employee

- Treating Doctor
- Attorney

Employer

- Insurance Company
- Defense Attorney
- Independent Medical Examiner
- Investigator
- Nurse Case Manager

Why should you file for Workers' Compensation?

- Workers' Compensation provides long-term protection for lost wages and medical treatment
 - Lost wage benefits are payable for weeks, months, years, or even life
 - Medical coverage is provided for life
 - Some injuries can result in money awards even if there is no time lost from work
- Protect union funds avoid cost transfer!
- Motivate employer to fix the hazard
- Failure to file can result in the permanent loss of all benefits

Employee vs. Independent Contractor

The factors that determine whether or not a person is an **employee** include:

- Right to Control
- Type of Work
- Method of Payment
- Who Provides the Equipment
- Right to Hire/Fire

Where Should the Claim Be Filed?



- 1. Accidents arising out of and in the course of employment
- **2. Occupational Diseases**



1. Accidents arising out of and in the course of employment

Can Include:

- Specific Event
- Repetitive Trauma
- Exposure over a specific period of time

1. Accidents arising **out of** and in the course of employment

Due to the work

- Workplace Violence
- Heart Attacks/Strokes
- COVID

1. Occupational Diseases

 Peculiar to and characteristic of the employment



What About Pre-Existing Conditions?

Do NOT disqualify someone from coverage.

- If the pre-existing condition was not symptomatic or not disabling, it may not be relevant at all.
- If the work activity or event aggravated a preexisting condition, WC covers the workrelated exacerbation

What About Mental Health?

- Four types of psychological claim in WC:
 - Consequential mental health problem resulting from physical injury
 - Routinely covered
 - Traumatic exposure to or involvement in a specific traumatic event
 - Often covered
 - Stress beyond the usual workplace stress
 - Rarely successful
 - Reaction to a good faith employment determination
 - Excluded from coverage by law

What is the standard for a COVID claim?

- 1. Specific Exposure
 - Symptoms/diagnosis develop a reasonable time afterwards
- 2. Public-facing job
 - High degree of exposure to the public
- 3. COVID-Prevalent environment
 - outbreak in the workplace

"Consequential" Injuries

- Medical Problems that develop later on as a result of the original injury
 - Left knee injury, limp causes problem with right knee, or back
 - Consequential mental health problem
 - Long COVID
 - Death cases

Notify the Employer

File the Claim

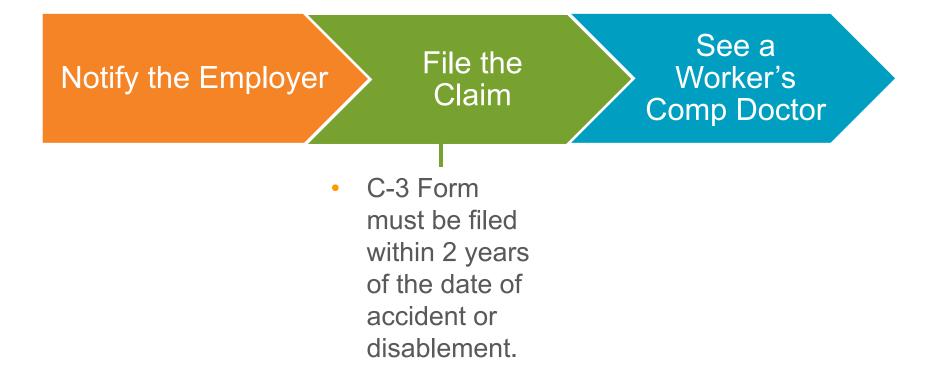
See a Worker's Comp Doctor

Notify the Employer

File the Claim

See a Worker's Comp Doctor

- Accident Claims: 30 days from date of accident
- Occupational Disease Claims:
 2 years from "date of disablement"



Notify the Employer

File the Claim

See a Worker's Comp Doctor

- Medical provider completes a medical report with an history, diagnosis, opinion about causal relationship, work status, and level of disability.
- Ongoing medical proof is needed at least once every 3 months for wage loss payments.

Time Limitation Issues: Example

- 3/13/20: Exposure
- 4/25/20: Symptoms develop
- 5/15/20: Employer notified
- 4/2/22: Claim filed

Problems:

- 1. Late Notice 30-day time frame
 - a. Can be excused and might be on these facts.
- 2. Late Claim filing (beyond 2 years)

Outcome:

Claim denied, all benefits lost





Temporary Disability

One Week Waiting Period

Waived if disability extends 2 weeks

Benefit rate is based on:

- Average Weekly Wage
 - 52 weeks before the accident
- Degree of Disability
- Date of Accident

Reduced earnings

• You can collect workers' compensation and work!



Permanent Disability

- Limb Injuries
 - Money is payable for permanent loss of function even if there is no time lost from work
 - Any payments for time out are deducted from the award
- Other Permanent Injuries
 - Permanent partial disability inability to do the at-injury job but can do other work
 - Payment for up to 130 weeks of temporary disability PLUS 4 to 10 years of permanent disability benefits
- Permanent Total Disability
 - Payment for life

Medical Treatment

- Regulated by the Workers' Compensation Board's Medical Treatment Guidelines and Drug Formulary
- Medical Reports are filed with both the insurance carrier and the Workers' Comp Board
- No out-of-pocket costs for the worker
- Treatment and Prescription requests are submitted through the Medical Portal
 - Unless there is a legal issue, the doctor must push through Level 1, 2 and 3 review before a hearing can be requested.

Lawyers

- Cannot be paid directly by the injured worker
- Fees are set by the Workers' Comp Board
 - Either at hearing or by non-hearing decision
 - Deducted from any increased or continued award in excess of what the employer or carrier previously paid
 - So if no additional benefits, no attorney fee

Grey & Grey, LLP

- www.GreyAndGrey.com
- Email: info@GreyAndGrey.com

Questions?

