

Workers' Compensation Claim – Master California

How to Respond to a Work-related Injury (Employers in CA)

When an employee experiences a work-related injury or illness, there are several steps you must take in response to the incident. The purpose of this document is to define each party's responsibilities and detail the steps that must be followed to ensure the injured work receives medical care (if needed) and filing a workers' compensation claim in the state of California.

Employer Responsibilities:

- Ensure the injured worker obtains medical care following a work-related injury.
- Provide a list of designated providers to the injured worker to seek medical treatment.
- Complete the First Notice of Injury and submit to help@obsidianhr.com within 24 hours of notification to avoid a late reporting fee, as outlined in the Client Services Agreement.
- Offer the DWC-1 form to the injured worker; complete the Employer section of the form.
- Provide the injured worker with the MPN Pamphlet and MPN acknowledgement forms; the acknowledgment must be signed and kept on file.
- Respond to follow up questions from the claims adjuster.
- Obtain the Work Status Activity Reports and/or doctor's notes that contain permitted work activities for the injured worker.
- Identify modified work activities for injured workers. The injured worker MUST submit a medical provider's plan of care before modified/restricted work is issued.
- Contact help@obsidianhr.com when the employee is unable to perform the modified work activities.

Next Level Administrators (NLA) Responsibilities:

- Contact employee following a work-related injury/illness.
- Manage the workers' compensation claim, which includes obtaining medical notes, claim investigation and compensability, and determining employee benefits.

Obsidian HR Responsibilities:

- Receive and file the workers' compensation claim on behalf of the client.
- Communicate with Next Level throughout the claim process and provide requested documentation.
- Follow up on corrective actions with the client.
- Act as a communication liaison between NLA and the client.

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Procedures:

1. Upon notification of a work-related injury, determine if the injured worker needs one of the following:
 - No first aid, or
 - First aid (e.g., cleaning minor cuts, scrapes, or scratches) that can be administered onsite, or
 - Medical treatment from a licensed physician, or
 - Immediate emergency care. In the event of an emergency, the employee should seek immediate medical attention at the nearest facility. If emergency care is needed, immediately call 911.
2. A written copy of the designated provider list must be provided to the injured worker before they seek medical treatment. If the injured worker is seeking immediate emergency care, then provide the list to them if they need follow up care.
3. Within 24 hours of notification of an incident, complete a First Notice of Accident Report form and the Employer section of the DWC1 form. Ensure the forms are thoroughly completed and signed by the supervisor before submission.
4. Ensure the injured worker completes the Employee section of the DWC-1 form.
5. Submit the completed forms to help@obsidianhr.com. A claim number will be generated and sent to the submitter. The claim number is a unique number for that incident—keep it for reference.
6. A claims adjuster will follow up with the injured worker to verify information and discuss the claim.
7. If the medical provider issues restricted work/modified duty or time off from work, OHR will work with you to ensure the recommendations can be followed. It is in the best interest of the injured worker to return to work as soon as the physician has released them to do so, even if it is with work restrictions. If the employee is unable to perform the modified work activities, then notify help@obsidianhr.com to determine next steps.
8. The claim will close when the medical provider has issued the injured worker a “Return to Full Duty” status.

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Appendix 1: First Notice of Accident Report

Appendix 2: NLA First Fill Card (English)

Appendix 3: NLA First Fill Card (Spanish)

Appendix 4: Preferred Provider Network and Pharmacy

Appendix 5: DWC1 Form

Appendix 6: MPN Pamphlet

Appendix 7: MPN Acknowledgment