



Washington State Department of
Labor & Industries

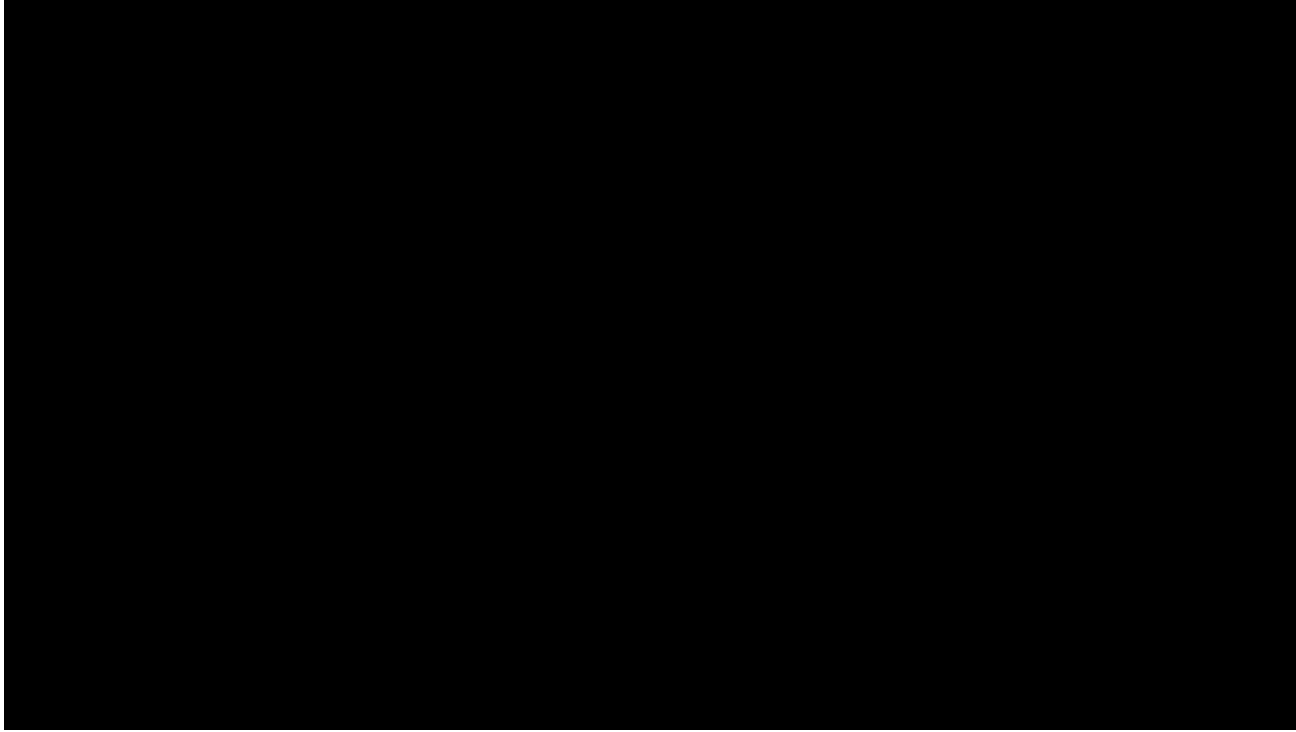
Self-Insurance



Self-Insurance Training Presents:

Interlocutory Orders
&
Claim Denial

Safety Message



Interlocutory Orders

- Must request an interlocutory order if unable to make determination on a claim within 60-days of claim receipt
- If granted, allows up to 90-days to make a determination from claim receipt
- Allows additional time to investigate claim validity

Interlocutory Requests

- WAC 296-15-420(2)
- Request is made on an Interlocutory Request form (F201-218-000)
 - Provide reasonable explanation of why validity cannot be determined
- A copy of the claim file
- SIF-2 and SIF-5A

Interlocutory Requests

| | |
|---|-----------------------|
| Date SIF-2 and PIR was Received | |
| <i>Please ensure the completed SIF-2 is attached with this form. This must be date stamped (RCW 51.32.190).</i> | |
| Date SIF-2 was Received | Date PIR was Received |

| | |
|--|--|
| Initial Interlocutory Request Reasons | |
| <i>Must be received within 60 days of notice of claim with a reasonable explanation why an interlocutory order is needed. Please attach a copy of the complete claim file.</i> | |
| Type of Claim <input type="checkbox"/> Specific Injury <input type="checkbox"/> Occupational Disease <input type="checkbox"/> Hearing Loss <input type="checkbox"/> Unknown | Provisional Compensation Paid? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | |

| |
|--|
| Extension of the Interlocutory Request Reasons |
| <i>The department will consider an extension of an interlocutory order if a reasonable explanation is provided. An extension may be granted up to 120 days from notice of claim for injury claims and up to 150 days for occupational disease claims. Please attach an updated copy of the claim file with each request.</i> |
| |

Valid Reasons

- Prima facie is not met
- Missing medical / Provider Initial Report (PIR)
- IME for occupational disease causation
- Employer questions validity

Not Valid Reasons

- Obtain prior medical records
- Need to investigate
- Need IME
- No reason given or blank
- Need more time to review
- Did not report

Other Claims

- Hearing Loss
- Occupational Presumption Claims for Firefighters
 - PTSD/Mental Health
 - Cardiac Arrest
- Radiological Hazardous Waste Facility
- Special Situations
 - Cardiovascular
 - Plantar Fasciitis
 - Infectious Disease

SIF-2

- Must provide upon request or first knowledge
 - WAC 296-15-320
 - WAC 296-15-405
- Even if the employer questions validity, an SIF-2 must still be supplied

Not Timely Requests

- Interlocutory request is not within 60-days
- Request will be denied
- Department will review for action
- If not enough information, the department will request a determination within 10-business days

Benefits

- Required to pay provisional time-loss and other benefits while gathering further information
 - If their provider has certified them unable to work due to the injury / occupational disease
- Ongoing medical treatment and vocational services are **NOT PAYABLE** unless the claim is allowed

Extensions

- SIE/TPA can request 30-day extension of interlocutory period if investigation not complete and there is good cause
- Injury claims can be given one extension
- Second extension can be granted for occupational disease claims if necessary

Extensions

- Interlocutory orders and requests are not to be used to delay claim allowance
- SIE/TPA should not delay claim action while waiting for the department to issue an interlocutory order
- Extensions will not be made due to inactivity

Knowledge Check

- How many days does an employer have from claim receipt to request an interlocutory order?
Which WAC covers this?
 - 60-days per WAC 296-15-420(2)

Knowledge Check

- Which reason is **not** a valid reason to request an interlocutory order?
 - Need IME for causation
 - **Did not report injury right away**
 - More time needed to gather medical
 - Prima Facie is not yet met

Knowledge Check

- What is the maximum interlocutory period for injury claims?
 - 120-days
- What is the maximum interlocutory period for occupation disease claims?
 - 150-days (2 total 30 day extensions)

Knowledge Check

- Billie went to her provider who diagnosed her with Bilateral Carpal Tunnel Syndrome due to 30 years of typing. Nerve Conduction Study is pending. Is an interlocutory request appropriate?
 - Yes
 - No

Knowledge Check

- Worker states they were exposed to a co-worker smoking drugs in the bathroom, but hasn't seen a provider yet. Is an interlocutory request appropriate?
 - Yes
 - No

Knowledge Check

- When requesting an interlocutory order, what must be included in the request?
 - SIF-2
 - Interlocutory Request form
 - A copy of the claim file
 - A reasonable explanation of why
 - All of the above

Denial Requests

- SIE's/TPA's don't have authority to deny claims
- When requesting denial from the Department the SIE must send:
 - Claim Denial Request (CDR) form
 - A complete copy of claim file (excluding bills)
- Must pay provisional time-loss benefits until the department issues the denial order and notice

No Medical Report Denial Requests

- Worker did not seek treatment or SIE is unable to obtain medical information
- SIE must document attempt to determine if worker received treatment
- Worker can still seek treatment and file new claim

Possible Denial Reasons

- Intentional Injuries: removing oneself from the course of employment
- Injured while committing a felonies
- Repair of clothing, equipment or footwear
- Mental stress as occupational disease
- No Employer-Employee Relationship
- Last injurious exposure was with a different self-insured employer or state fund claim

Claim Denial Request Form



Claim Denial Request

Self-Insurance
PO Box 44892
Olympia WA 98504-4892
Fax: 360-902-6900

| | | | |
|---------------------------------|--|---|------------|
| Injured Worker Name | | Claim Number | |
| Injured Worker Address | | | |
| City | | State | Zip Code |
| Date of Injury or Manifestation | | Date Form Completed | |
| Employer Name | | UBI | Account ID |
| Prepared By | | Preparer Phone Number (include extension if needed) | |

SIF-2: Please ensure the completed SIF-2 is attached to this form, if not previously submitted to the claim file. This must be date stamped ([RCW 51.32.190](#)).

Denial Request

You must submit the complete copy of the claim file. Include your supporting documentation for denial directly behind this form. This will be reviewed with your request.

Is this a hearing loss claim?

Yes No

Are you requesting an overpayment of provisional benefits at this time? If so, please include the Overpayment Request form.

Yes No

Claim Denial Request Form



| |
|---|
| Denial Reason |
| <i>Enter the reason for your denial request. Attach additional pages if needed. See page 2 for specific denial reasons.</i> |
| |



| | | |
|---|-----------------------------------|----------|
| Attending Provider Information or Update | | |
| <i>Please provide the current attending provider information.</i> | | |
| Attending Provider Name | Attending Provider's Phone Number | |
| Attending Provider's Address | | |
| City | State | Zip Code |



| | |
|---|---|
| Translation for Communicating the Decision | |
| <i>It is necessary the Employer and the Department ensure a means of communication to all parties per WAC 296-15-350.</i> | |
| Does the worker have a preferred language other than English? | If "Yes", what is the preferred language? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |

F207-217-000 Claim Denial Request 05-2020

RESET

Index: CDR

Claim Denial Reasons

Claim Denial Reasons

- There is no proof of a specific injury at a definite time and place in the course of employment.
- The worker's condition is not the result of an industrial injury as defined by the Industrial Insurance Laws.
- The claimant's condition is not the result of injury alleged.
- The worker's condition pre-existed the alleged injury and is not related thereto.
- The loss or damage of glasses is not the result of an industrial accident when they are not being worn as an artificial substitute as contemplated by RCW 51.36.020.
- The worker was not under the Industrial Insurance Laws at the time of injury.
- At the time of injury the worker was not in the course of employment.
- No claim has been filed by said worker within one year after the day upon which the alleged injury occurred.
- There is no provision in the Industrial Insurance Laws to provide for replacement of broken safety glasses which are not of prescription quality.
- No claim was filed within two years from the date on which the worker was informed in writing by a physician that an occupational disease had been contracted.
- The worker's condition is not an occupational disease as contemplated by section 51.08.140 RCW, and is excluded from coverage pursuant to section 51.08.142 RCW and section 296-14-300 WAC.
- No personal injury was sustained by the worker.
- The injury occurred in the parking area and is not covered under the Industrial Insurance Laws in accordance with section 51.08.013 RCW.

Claim Denial Guidelines

| Claim Denial Reasons | Use this code when: |
|--|---|
| There is no proof of a specific injury at a definite time and place in the course of employment. | The worker is unable to point to a specific incident that led to the diagnosed condition. |
| The worker's condition is not the result of an industrial injury as defined by the Industrial Insurance Laws. | The attending provider states that the worker's condition is not causally related to the incident described by the worker. |
| The claimant's condition is not the result of exposure alleged. | The medical opinion states that the worker's occupational condition is not related to his or her job duties. |
| The worker's condition pre-existed the alleged injury and is not related thereto. | There is documented evidence that the worker's condition existed prior to the incident described and was not affected by the incident. |
| The loss or damage of glasses is not the result of an industrial accident when they are not being worn as an artificial substitute as contemplated by RCW 51.36.020. | The worker's glasses were lost or broken due to an industrial accident, but the glasses were not in use (being worn), and the worker sustained no other injury. |

Claim Denial

- After review of the request for denial, the department will:
 - Request additional information if necessary
 - Issue an order denying the claim, or
 - Issue an allowance order if claim does not meet denial criteria

Overpayment Request Form



Self-Insurance
 PO Box 44892
 Olympia WA 98504-4892
 Fax: 360-902-6900

Overpayment Request

| | | |
|---------------------------------|---|---------------------|
| Injured Worker Name | | Claim Number |
| Injured Worker Address | | |
| City | State | Zip Code |
| Date of Injury or Manifestation | | Date Form Completed |
| Employer Name | UBI | Account ID |
| Prepared By | Preparer Phone Number (include extension if needed) | |

Overpayment Request

The worker must be notified of overpayments within one (1) year of the occurrence. This does not apply to provisional payments.

| | | |
|--|--|--|
| Type of benefits that were overpaid: | Were the benefits provisional? | Is this a Social Security Offset overpayment request? |
| <input type="checkbox"/> Time-Loss <input type="checkbox"/> LEP <input type="checkbox"/> PPD | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

- Overpayment is due to a wage calculation error (must attach the following)
 - Copy of the SIF-5A used to calculate the wages
 - Payment ledgers* and/or LEP calculation worksheets with matching payroll statements
 - Copy of the Assessment of Overpayment notice sent to the worker
- Overpayment is due to the worker receiving benefits for a period of time they were not entitled (must attach the following)
 - Supporting documentation of a release for work/return to work
 - Payment ledgers*
 - Copy of the Assessment of Overpayment notice sent to the worker
- Overpayment is due to a PPD award paid in error or the result of claim closure being reversed

**Payment ledgers must include the payment period(s), amount paid, and the date the payment was sent to the worker.*

If needed, provide additional information regarding your request for the overpayment order below.

Knowledge Check

- Grace filed a claim when she fainted in a meeting at work and hit her head on a table. The ER doctor diagnosed a forehead contusion and that she fainted due to unregulated blood sugar from her diabetes.

Is sending a Claim Denial Request appropriate?

- No, this claim should not be sent for denial. While the diabetes and subsequent syncopal episode would not be covered, an injury did happen. Remember, workers are hired as is, and Washington is a no fault state.

Knowledge Check

- Jean sprained her ankle in the parking lot when she was leaving to pick up lunch for an offsite team meeting.

Should this claim be allowed or denied?

- This claim should be allowed as she was performing a work errand prior to her lunch break.

Knowledge Check

- Phil slipped on ice and fell while opening his car door after his shift. He fractured his right wrist. What is the appropriate denial reason?
 - The injury occurred in a parking area and is not covered under the Industrial Insurance Laws in accordance with section 51.08.013 RCW.

Knowledge Check

- Christina filed an SIF-2 on 2/9/23. Two letters were sent to the worker to seek medical treatment. No medical treatment was sought. What is the appropriate denial reason?
 - No licensed physician's report or medical proof has been filed as required by law. You still have the right to file another claim under RCW 51.28.050 which requires a claim for benefits be filed within one year from the date of injury.

Knowledge Check

- Sheila filed a claim for mental stress due to supervisor overloading her with extra work while a co-worker was out of the office.

What is the appropriate denial reason?

- The worker's condition is not an occupational disease as contemplated by section RCW 51.08.140, and is excluded from coverage pursuant to section RCW 51.08.142 and section WAC 296-14-300.

Knowledge Check

- Adam and Billy were in an altercation. Both sustained injuries related to the fight. What would you do?
 - Request Allowance of Adam's claim
 - Request Allowance of Billy's claim
 - Request Denial for both Adam and Billy's claims
 - Request Interlocutory

Knowledge Check

- Paige was in an MVA and sustained cervical strain and chest contusions.

What would you do?

- Request Allowance for injuries
- Request Denial due to not on the job site
- Request Interlocutory

Knowledge Check

- Noah was injured on 2/1/22. Noah did not seek medical attention until 10/2/22. The worker received medical providing a causal relationship for their diagnosed strain injury.

What would you do?

- Request Allowance
- Request Denial
- Request Interlocutory

Knowledge Check

- James went to the ER after work for lower back pain. The provider completed the PIR, diagnosed with lumbar strain and indicated it was not caused by a work injury.

What would you do?

- Request Allowance
- Request Denial
- Request Interlocutory

Resources

- [Forms and Templates page](#)
 - [Training Matrix](#)
 - Forms: [Interlocutory](#), [Denial](#), [Overpayment](#)
- [Claim Adjudication Guidelines - Validity](#)



SITrainerQuestions@lni.wa.gov