

QUICK LIST OF 2011 CHANGES TO ILLINOIS WORKERS' COMPENSATION ACT

- **Wage Differential Claims:**
 - Capped at the age of 67 or 5 years, whichever is later.
 - For claims occurring on or after September 1, 2011.

- **Carpal Tunnel Claims:**
 - For repetitive or cumulative trauma only.
 - Reduced back to pre 2005 amendments rates of 190 weeks.
 - PPD shall not exceed 15%.
 - With "clear and convincing evidence" can increase to no more than 30%.
 - For claims occurring on or after June 28, 2011.

- **Temporary Partial Disability:**
 - 2/3rds of the difference between AWW and gross wages of modified job.
 - We believe this is a substantive change that will take effect June 28, 2011.

- **Fee Schedule:**
 - Maximum allowable payment shall be 70% of the Fee Schedule amount for all treatment on or after September 1, 2011.
 - For non-Fee Schedule treatment, reimbursement reduced to 53.2% (previously 76%).
 - Implants reimbursed at 25% above net manufacturer's invoice less rebates plus reasonable and customary shipping.
 - Out of state treatment reimbursed at the lesser of the State Fee Schedule where treatment performed or Illinois Fee Schedule.
 - Applies to any treatment that occurs on or after September 1, 2011.

- **Time to Pay Medical Bills:**
 - Employers or the carriers now have 30 days to pay bills.
 - If additional information is necessary to review for payment, it must be requested in writing to the provider within 30 days of receipt of bills.
 - We believe this is a substantive change that will take effect June 28, 2011.

- **Utilization Review:**
 - Petitioner has burden of proof to show that U.R. finding is unreasonable and unnecessary.
 - Applies to health care services provided or proposed to be provided on or after September 1, 2011.

- **Arbitrators:**
 - All arbitrators are terminated as of July 1, 2011, but will continue to serve until reappointed or replaced by the Governor with consent of Senate.
 - Arbitrators will serve 3 year term limits and must be Illinois licensed attorneys or "grandfathered" in as a prior arbitrator.
 - A minimum of 3 arbitrators will serve in ALL venues.

- **Choice of Physician:**
 - Unless an employer adopts a preferred choice of physician program, the “two doctor rule” still applies.
 - Otherwise, the employer shall furnish a written list of physicians in the preferred provider program to employee upon notice of injury.
 - The employee may in writing, decline the program and choose his own physician.
 - When employee opts out of program the employee is then limited to one choice of physician.
 - Employee’s choice of physician is reinstated if a determination is made upon a written Petition to the Commission by the employee that the “in-network medical care” has been inadequate or improper.
 - Commission’s decision on inadequate or improper care must be made within 5 days of the hearing.
 - We believe this is a substantive change that will apply to claims occurring on or after June 28, 2011.

- **Guidelines for Permanent Partial Disability (PPD):**
 - There are five facts to consider:
 - 1- Level of impairment as found by a physician in accordance with the “AMA guidelines”;
 - 2- The petitioner’s occupation;
 - 3- The petitioner’s age at time of injury;
 - 4- The petitioner’s future earning capacity; and
 - 5- Evidence of the petitioner’s disability corroborated by treating medical records.
 - No single factor alone shall determine disability.
 - Any fact used in addition to impairment rating must be explained in written order.
 - This applies to claims that occur on or after September 1, 2011.

- **Intoxication:**
 - Rebuttable presumption that intoxication is proximate cause of accident.
 - Intoxication = BAC greater than .08%, under influence of cannabis or other controlled substance.
 - Refusal to submit to drug/alcohol test is rebuttable presumption of intoxication.
 - Applies to claims on or after September 1, 2011.