



City of Los Angeles  
Workers' Compensation  
Program and Strategies

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CHIEF RISK OFFICER



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# City of Los Angeles Program Overview

Self-Insured

Self Administration  
and Third-Party  
Administration

Full-Service City  
with over 45,000  
employees

No Insurance or  
Excess Coverages

Alternative Dispute  
Resolution  
Programs

35 Operating  
Departments -  
Police, Fire, Airport,  
Port, Zoo, etc

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# How Much Do We Spend on Worker's Compensation?

TOTAL ANNUAL BUDGET

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graph TD; A[TOTAL ANNUAL BUDGET] --> B[TOTAL INDEMNITY BENEFITS PAID]; B --> C[TOTAL MEDICAL PAID]; C --> D[COST CONTAINMENT PROGRAMS];
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TOTAL INDEMNITY BENEFITS PAID

TOTAL MEDICAL PAID

COST CONTAINMENT PROGRAMS

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A group of people are shown from the chest up, sitting in a circle. They are all looking towards the center of the circle, and their hands are raised in the air, palms facing up. The lighting is soft and even, highlighting the texture of their clothing and the skin on their hands. The background is slightly blurred, focusing attention on the participants. The overall mood is one of active participation and engagement.

Audience Poll

# Advocacy Model – Employee Centric

## Employee Advocacy Claims Model

- Ombudsman/ Member Advocates
- Enhanced and Expedited Utilization Review Process - Increased Adjuster Approval List
- On Staff Nurses to Assist with Medical Treatment Decisions/Options
- Soft Landing for All Delay and Denial of Benefits

## Leading with Empathy

- Expansive Training on Understanding Other People
- Empathy is Not Sympathy
- Starts with the Leadership Team



WELCOME  
BACK :)

Return To Work Strategies



A group of people are shown from the chest up, sitting in a circle and clapping their hands. The image is slightly blurred, focusing on the hands in the foreground. The text "Audience Poll" is overlaid in the bottom right corner in a white, serif font. There are thin white horizontal lines at the top and bottom of the image.

Audience Poll

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# Three C's of Return To Work



COMMUNICATION



COLLABORATION



COMPASSION

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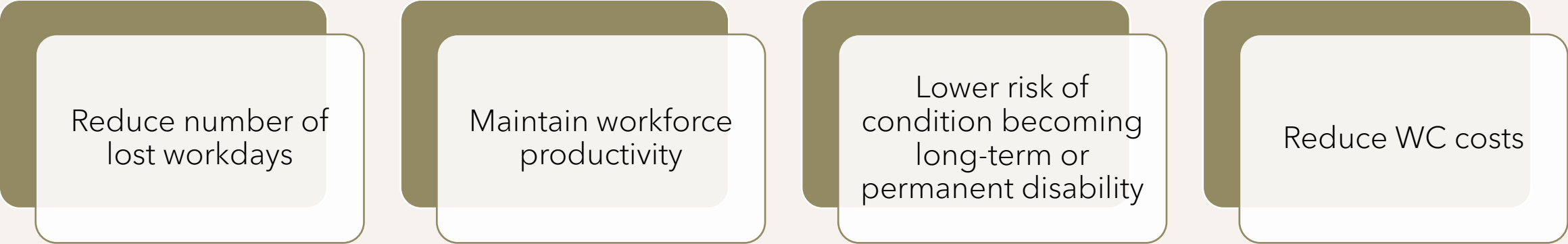
# Stay At Work – SAW

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- Goal of SAW: To keep an injured temporarily impaired worker on the job, if medically feasible.
    - Employees who have a temporary impairment that does not necessitate time away from the worksite may need accommodations in order to stay at work.
  - Employers/Claims Professional
    - Should involve the physician throughout the process
      - Have customized forms to ensure work restrictions are clear and meaningful
    - Should involve the employee throughout the entire process
    - New position is not needed
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# Benefits of SAW



Reduce number of  
lost workdays

Maintain workforce  
productivity

Lower risk of  
condition becoming  
long-term or  
permanent disability

Reduce WC costs

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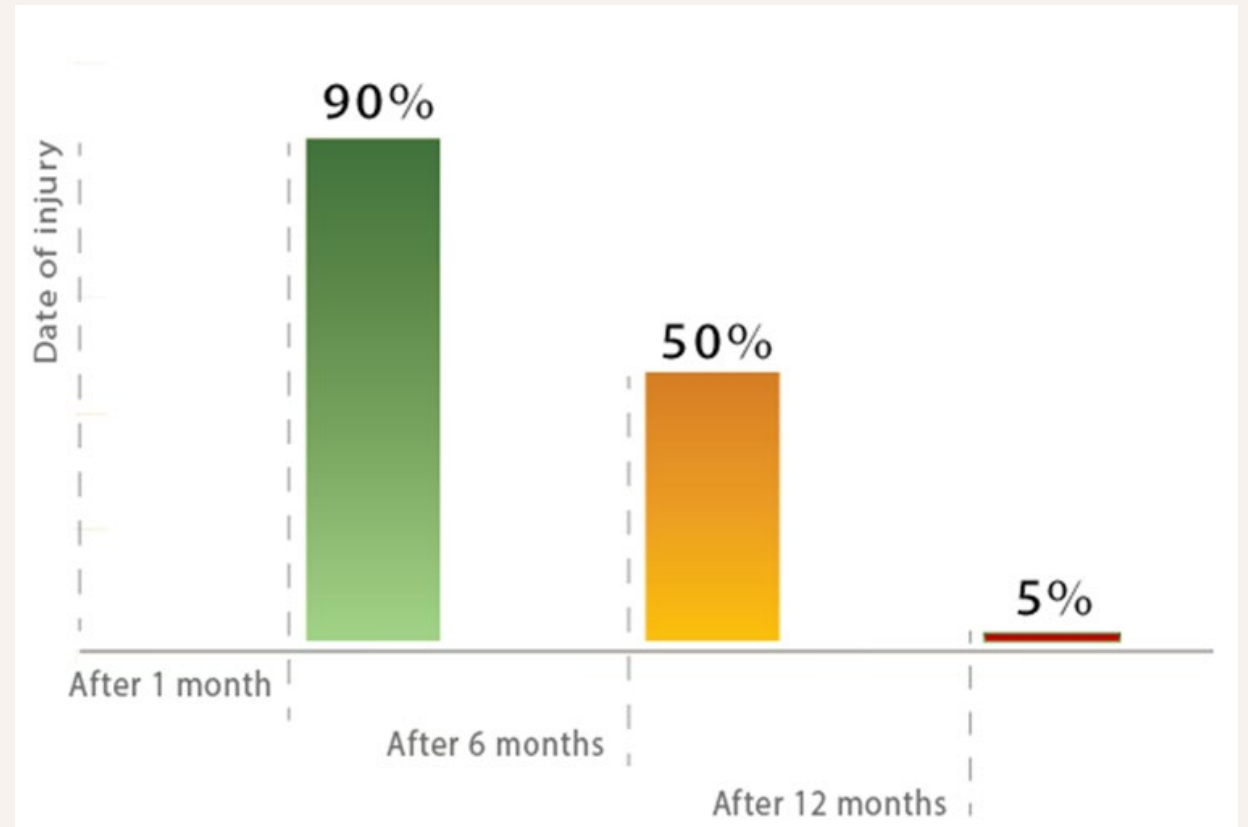
# Return To Work Program – RTW

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- Goal of RTW: To return an injured temporarily impaired worker to the workplace as soon as medically feasible.
    - Employees who have been on leave (FMLA, STD/LTD, ADA, Workers Compensation, etc.) may need accommodations in order to return to work.
  - Employers/Claims Professional
    - Need clear medical documentation of work restrictions and limitation.
      - Restrictions should be bio-mechanical restrictions
      - Require doctors to address RTW at every appointment.
    - Should involve the employee throughout the entire process
    - Should avoid any “100% restriction-free” policies
    - Avoid any ADA violations
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Bureau of Labor Statistics reports that the likelihood of an injured employee returning to work decreases from 90% during the first month, to just 50% after 6 months. After a year, the likelihood drops down to 5%.



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# City of Los Angeles SAW/RTW Strategies

Ergonomic  
Sit/Stand Stations  
Embedded in  
Departments

Specialized Form  
for Primary  
Doctor to  
Complete

Supplemental  
RTW Report from  
Med-Legal  
Providers

Citywide Light  
Duty Program

Job Analysis Bank

RTW Checklist for  
Supervisors

Returning To  
Work Roadmap  
for Employees

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# Employee Roadmap Sample

## Returning to Work | After any Medical-Related Leave of Absence: Employee Roadmap\*

**GOALS AND PURPOSE:** The **primary goals** of your department and your (or any) supervisor whose staff member is returning to work after any medical-related leave of absence are to: 1) **be supportive** of the employee's efforts to return to work; and 2) **help** you return back to work safely. The best way for you to ensure you can safely return-to-work is to **communicate with your department's Human Resources (HR) professionals**. The City of Los Angeles' Return-to-Work program is intended to reasonably accommodate almost any type of work restriction, whether or not due to a work-related injury.

**STEPS TO FOLLOW:** The following are steps all employees must take when they are expected to or do return from a medical-related leave of absence. These steps apply regardless of: 1) whether the employee's leave is a result of a workplace injury; 2) whether the leave qualifies for FMLA (even if it is a personal-medical leave of absence); or 3) the length of the leave (whether the leave was short or long).

### Steps for Employees:

- PREPARE FOR RETURN:** Prepare for your return to the workplace by:
  - Confirming with your supervisor and/or HR your return-to-work date (ideally, a week before the expected return date),
  - Discussing with your medical provider whether or not you have any restrictions that might impact your abilities to perform your regular job duties
  - Obtaining a written release from your Medical Provider to return you to work
  - Communicating any need for an accommodation (do this even if HR does not reach out to you first).
- CONTACT HR:** When you return from a medical-related leave or if you are providing any written medical information, immediately communicate with HR and your supervisor (whether by phone, via email, or in-person) and provide any related documents/communications to HR.
- PROVIDE WRITTEN RESTRICTIONS:** The written release to return to work from the Medical Provider will need to reflect whether you are returned to with or without medical restrictions.



# Specialized Work Status Form

CITY OF LOS ANGELES  
INJURY STATUS REPORT

**THIS FORM MUST BE USED TO REPORT INJURY STATUS  
FOR EMPLOYEES OF THE CITY OF LOS ANGELES**

*To the Physician: The City of Los Angeles requires that temporarily disabled employees be provided with clear and specific work restrictions. As a large and diverse employer, the City may be able to temporarily accommodate the employee's restrictions in their current job or performing duties outside their regular assignments. The employee may be unaware of available accommodations. The restrictions you provide will enable the City to properly accommodate the employee and protect the employee from further injury.*

PATIENT NAME: \_\_\_\_\_ INJURY DATE: \_\_\_\_\_ CLAIM# \_\_\_\_\_

BASED ON MY EVALUATION, THE PATIENT'S STATUS IS (Check One Box):

- RETURN TO FULL UNRESTRICTED DUTY ON: \_\_\_\_\_
- TEMPORARILY PARTIALLY DISABLED from \_\_\_\_\_ thru \_\_\_\_\_  
Specify Restrictions Below.  
Date of Next Appointment: \_\_\_\_\_ Estimated Return to Full Duty: \_\_\_\_\_
- TEMPORARY TOTALLY DISABLED from \_\_\_\_\_ thru \_\_\_\_\_  
Specify Restrictions Below  
Date of Next Appointment: \_\_\_\_\_ Estimated Return to Full Duty: \_\_\_\_\_

**RESTRICTIONS:** *Patient is limited to performing the following activities (indicate hours or pounds allowed per day and additional information necessary to provide clear restrictions).*

Sitting	_____ hrs. allowed	Pulling/Pushing	_____ lbs. allowed
Standing	_____ hrs. allowed	Bending/Stooping	_____ hrs. allowed
Walking	_____ hrs. allowed	Reaching above	_____ (indicate body part)
Bending	_____ hrs. allowed	Reaching below	_____ (indicate body part)
Squatting	_____ hrs. allowed	Repetitive Motion	_____ hrs. allowed
Climbing	_____ hrs. allowed	Body Part(s)	_____
Kneeling	_____ hrs. allowed	Activity	_____
Crawling	_____ hrs. allowed	Driving	_____ hrs. allowed
Twisting	_____ hrs. allowed	Working	_____ hrs. allowed
Lifting	_____ lbs. allowed		
Carrying	_____ lbs. allowed		

Psychological (explain specific restrictions below)

Other Restrictions or Additional Information:

**YOU MAY BE CONTACTED BY CITY MEDICAL STAFF TO VERIFY INJURY STATUS**

*I declare under penalty of perjury that this report is true and correct to the best of my knowledge.*

Examining Physician (Print Name): \_\_\_\_\_ Telephone: \_\_\_\_\_  
Examining Physician (Sign Name): \_\_\_\_\_ Date: \_\_\_\_\_



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Questions

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# Thank You



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Chief Risk Officer

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