# Petition to Reopen Medical Benefits

PRESENTED BY

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Montana Department of
LABOR & INDUSTRY

# Reopening of Medical Benefits

**39-71-704(f) MCA:** Benefits terminate 60 months from the date of injury or diagnosis of an occupational disease

- Does **NOT** Apply To:
  - Permanent total disability
  - Repair or replacement of prosthesis
  - Claim closed by settlement or court order

**39-71-717(5) MCA:** Petition to reopen must be filed within 5 years of the termination of medical benefits, and cannot be filed more than 90 days ***before*** benefits terminate

- Department will request medical documentation from the insurer within 14 days of the date of letter
- The worker is encouraged to also submit any additional information which may be relevant to the reopening of medical benefits

# Regular Petition Form

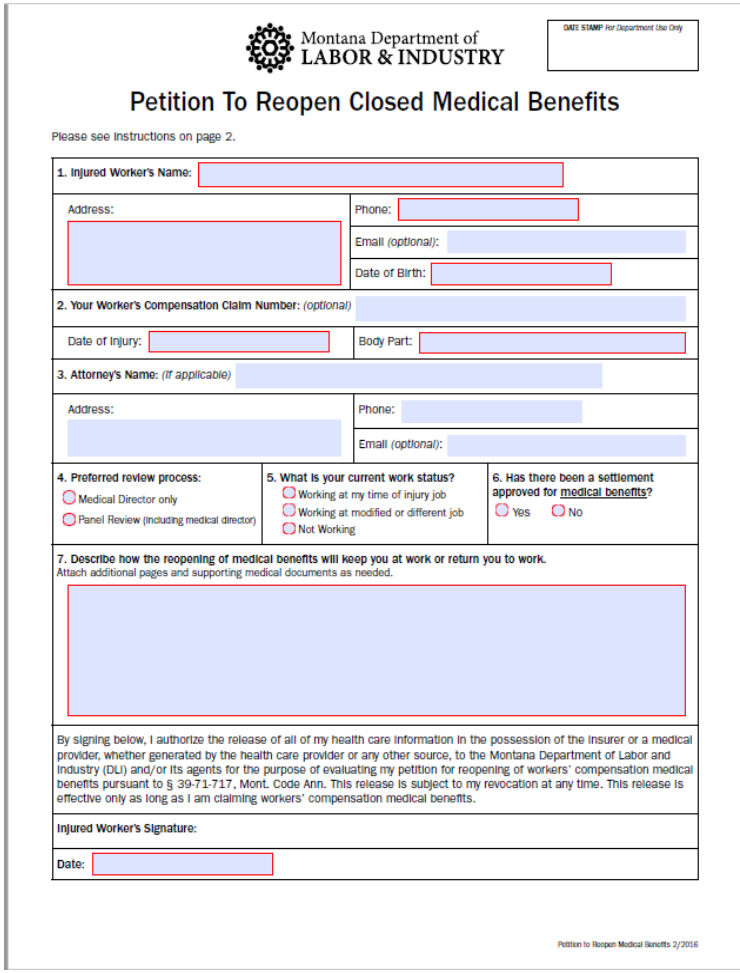
Purpose 39-71-717(1) MCA:

- Reopen medical benefits if the worker's medical condition is a direct result of a compensable injury or OD

AND

- Injured worker requires medical treatment to stay at work or return to work

https://erd.dli.mt.gov/_docs/work-comp-claims/medical-regs/petition-form.pdf



Montana Department of LABOR & INDUSTRY

DATE STAMP For Department Use Only

**Petition To Reopen Closed Medical Benefits**

Please see instructions on page 2.

**1. Injured Worker's Name:**

Address:

Phone:

Email *(optional)*:

Date of Birth:

**2. Your Worker's Compensation Claim Number:** *(optional)*

Date of Injury:

Body Part:

**3. Attorney's Name:** *(if applicable)*

Address:

Phone:

Email *(optional)*:

**4. Preferred review process:**
- Medical Director only
- Panel Review (including medical director)

**5. What is your current work status?**
- Working at my time of injury job
- Working at modified or different job
- Not Working

**6. Has there been a settlement approved for medical benefits?**
- Yes
- No

**7. Describe how the reopening of medical benefits will keep you at work or return you to work.**
Attach additional pages and supporting medical documents as needed.

By signing below, I authorize the release of all of my health care information in the possession of the insurer or a medical provider, whether generated by the health care provider or any other source, to the Montana Department of Labor and Industry (DLI) and/or its agents for the purpose of evaluating my petition for reopening of workers' compensation medical benefits pursuant to § 39-71-717, Mont. Code Ann. This release is subject to my revocation at any time. This release is effective only as long as I am claiming workers' compensation medical benefits.

**Injured Worker's Signature:**

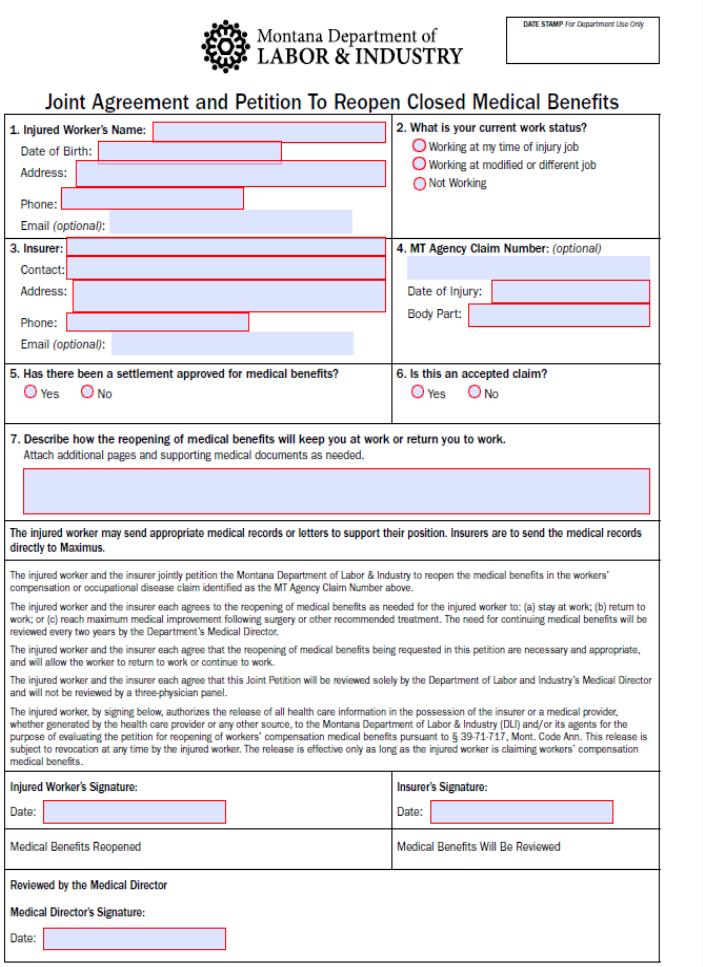
**Date:**

Petition to Reopen Medical Benefits 2/2016

# Joint Petition

Purpose 39-71-717(9) MCA:

- Facilitates a fast and easy way to reopen medical benefits when both parties are in agreement to keep benefits open
- Medical records **DO NOT** need to be submitted and petition is approved administratively
- 24.29.3127(4)(b) MCA: If insurer is no longer in agreement to keep benefits open, they must submit claim records



Montana Department of LABOR & INDUSTRY

DATE STAMP For Department Use Only

**Joint Agreement and Petition To Reopen Closed Medical Benefits**

**1. Injured Worker's Name:**
Date of Birth:
Address:
Phone:
Email *(optional)*:

**2. What is your current work status?**
- ○ Working at my time of injury job
- ○ Working at modified or different job
- ○ Not Working

**3. Insurer:**
Contact:
Address:
Phone:
Email *(optional)*:

**4. MT Agency Claim Number:** *(optional)*
Date of Injury:
Body Part:

**5. Has there been a settlement approved for medical benefits?** ○ Yes ○ No

**6. Is this an accepted claim?** ○ Yes ○ No

**7. Describe how the reopening of medical benefits will keep you at work or return you to work.**
Attach additional pages and supporting medical documents as needed.

**The injured worker may send appropriate medical records or letters to support their position. Insurers are to send the medical records directly to Maximus.**

The injured worker and the insurer jointly petition the Montana Department of Labor & Industry to reopen the medical benefits in the workers' compensation or occupational disease claim identified as the MT Agency Claim Number above.

The injured worker and the insurer each agrees to the reopening of medical benefits as needed for the injured worker to: (a) stay at work; (b) return to work; or (c) reach maximum medical improvement following surgery or other recommended treatment. The need for continuing medical benefits will be reviewed every two years by the Department's Medical Director.

The injured worker and the insurer each agree that the reopening of medical benefits being requested in this petition are necessary and appropriate, and will allow the worker to return to work or continue to work.

The injured worker and the insurer each agree that this Joint Petition will be reviewed solely by the Department of Labor and Industry's Medical Director and will not be reviewed by a three-physician panel.

The injured worker, by signing below, authorizes the release of all health care information in the possession of the insurer or a medical provider, whether generated by the health care provider or any other source, to the Montana Department of Labor & Industry (DLI) and/or its agents for the purpose of evaluating the petition for reopening of workers' compensation medical benefits pursuant to § 39-71-717, Mont. Code Ann. This release is subject to revocation at any time by the injured worker. The release is effective only as long as the injured worker is claiming workers' compensation medical benefits.

**Injured Worker's Signature:**
Date:

**Insurer's Signature:**
Date:

Medical Benefits Reopened

Medical Benefits Will Be Reviewed

**Reviewed by the Medical Director**

**Medical Director's Signature:**
Date:

https://erd.dli.mt.gov/_docs/work-comp-claims/medical-regs/joint-petition1.pdf

# Request for Medical Letters

## Medical Director Only

**Action 1:** Submit **within 14 days of the date of this letter** a copy of the medical records contained in the claim file for the above injured worker. Send records to Maximus Federal by fax 916-364-2001 or electronically through a secure portal using this link http://edi.maximus.com. If you miss this deadline, the review will be completed based on medical information received with the petition. Any medical records or other information submitted by either party with have not previously been provided to the other party, must be sent to the other party at the same time the records or other information are delivered to the department.

**Action 2:** The review process may be completed through a panel review or by the Medical Director if both parties concur. The injured worker has requested to have the Medical Director only review the petition. Please indicate your preference below, sign, date and return the letter to the department within **14 days** of the date of this letter.

| | | |
|---|---|---|
| ☐ Medical Director Review only | ☐ Panel Review (including the medical director) | ☐ Injured worker has reached MMI<br>☐ Yes<br>☐ No |
| Signature: | | |
| Date: | | |

**Action 3:** Indicate if injured worker has reached MMI.

If you have further questions, please contact the Employment Relations Division at 406-444-6543.

## Panel Review

**Action 1:** Please submit **within 14 days of the date of this letter** a copy of the medical records contained in the claim file for the above injured worker. Send records to Maximus Federal by fax 916-364-2001 or electronically through a secure portal using this link http://edi.maximus.com. If you miss this deadline, the review will be completed based on medical information received with the petition.

Any medical records or other information submitted by either party which have not previously been provided to the other party, must be sent to the other party at the same time the records or other information are delivered to the department.

**Action 2:** Indicate if injured worker has reached MMI.

Injured worker has reached MMI
☐ Yes
☐ No

If you have further questions, please contact the Employment Relations Division at 406-444-6543.

Montana Department of LABOR & INDUSTRY

# Initial Review – 39-71-717(8) MCA

A decision will be made within 60 days of receipt of the petition:

- The medical director will then issue a report with the rationale for the decision

- A report issued by medical review panel must be supported by a majority of the panel members

- If the decision is made to reopen the claim, it will remain open for a period of two years or until MMI, with medical documentation submitted every subsequent two years until closure

# Subsequent Review – 24.29.3127 ARM

A decision will be made within 90 days of notification to the insurer from the Dept the review is pending

- The medical director shall biennially review claims where medical benefits were reopened
- Injured worker and insurer will submit claim records created since prior review within 45 days
- The biennial review will be based on the claim records previously submitted and any new records from the past 2 years

# Best Practices

- ERD 5yr Petition Mailbox:
  - Please submit all petitions thru our mailbox at DLIERDReopenWCMedBenefits@mt.gov
- Creating Account in Axway:
  - Maximus has transitioned to new secure portal
  - Examiners will need their IT dept's help, as Maximus needs very specific info to create your account
  - If insurers don't hear back from their IT Dept/Maximus within 7 days, please follow-up with both parties
- Submitting Documents thru Axway:
  - Read receipt option is not available when uploading documents, so please ask for confirmation your records were received

# QUESTIONS?

Montana Department of
LABOR & INDUSTRY

# Contact Information

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