

Workers' Compensation Disputes – Administrative review. The first level of disputes covers the appellate review (Reconsideration) of claim closures and disability classifications, medical disputes, and vocational assistance disputes. These disputes are handled by the DCBS Workers' Compensation Division.	
Year	Calendar year
Appellate Review (Reconsideration) – For injuries that have occurred since mid-1990, an injured worker or insurer disputing a claim closure must seek departmental reconsideration from the Workers' Compensation Division (WCD) before proceeding to a Workers' Compensation Board (WCB) hearing.	
Requests on closures	The count of requests received during the calendar year for reconsideration of claim closures. Claim closure is the process of closing a claim, ending temporary disability payments, and determining permanent disability when an injured worker is found to be medically stationary.
Requests on disability classifications	The count of requests received during the calendar year for reconsideration of disability classifications. Disability classification is the determination by the insurer of whether the claim is disabling or nondisabling.
Orders issued	The count of the total reconsideration orders issued during the calendar year. The includes both reconsideration of claim closures and reconsideration of disability classifications.
Percent of closures appealed	The percentage of claim closures appealed during the calendar year. This is the number of reconsideration requests divided by the number of claims closures during the calendar year.
Percent of cases appealed to hearings	The percentage of reconsideration orders that were appealed to WCB hearings during the calendar year. This is the number of requests for reconsideration divided by the number of WCB hearing requests for the calendar year.
Medical Disputes – There are two types of medical disputes: medical disputes that are conducted through a formal hearing process and Administrative Dispute Resolution (ADR) disputes. ADR is a voluntary process through which parties resolve disputes instead of using the formal hearing process. ADRs make up about two-thirds of the medical disputes and usually concern medical fee issues.	
<i>Medical disputes:</i>	
Requests	The count of medical dispute requests received during the calendar year.
Orders	The count of medical dispute orders issued during the calendar year.
Request-to-order median days	The median number of days from dispute request to issued order for medical orders issued during the calendar year.
<i>Medical dispute issues:</i>	
Fees	The count of disputes about medical fees received during the calendar year. Most medical fee disputes are handled as ADRs.
Medical services	The count of disputes dealing with medical services received during the calendar year. Medical services are defined as, medical, surgical, diagnostic, chiropractic, dental, hospital, nursing, ambulance, drug, prosthetic, or other physical restorative services.

Treatments	The count of disputes dealing with medical treatments received during the calendar year.
Palliative care	The count of disputes dealing with palliative care received during the calendar year. Palliative care is defined as medical services rendered to reduce or temporarily moderate the intensity of an otherwise stable condition to enable the worker to continue employment or training.
MCO issues	The count of managed care organization (MCO) medical disputes received during the calendar year. A MCO is an organization that contracts with an insurer to provide medical services to injured workers
Change of attending physician	The count of disputes dealing with change of attending physician received during the calendar year. The attending physician is the health care provider primarily responsible for the treatment of an injured worker.
Independent medical examinations	The count of disputes dealing with independent medical exams (IMEs) received during the calendar year. An IME is a medical examination of an injured worker by a physician other than the worker's attending physician, performed at the request of the insurer. This includes physical capacity evaluations and work capacity evaluations, if requested by the insurer.
Compensability	The count of disputes dealing with whether an injured worker's claim was accepted or denied received during the calendar year.
Interim medical benefits	The count of disputes dealing with interim medical benefits received during the calendar year. Interim medical benefits are benefits paid by the insurer or the worker's health benefit plan for medical services provided during the interim period – the period beginning when an employer first learns of a claim and ending when the insurance company accepts or denies the claim.
Vocational Assistance Disputes – The WCD Employment Services Team (EST) strives to resolve vocational disputes by mediating agreements between the parties. When agreement is not possible, EST issues an administrative review order.	
<i>Vocational assistance dispute:</i>	
Requests	The count of dispute requests received during the calendar year.
Resolutions	The count of dispute resolutions issued during the calendar year.
Request-to-resolution median days	The median number of days from dispute request to dispute resolution for vocational disputes resolved during the calendar year.
<i>Vocational assistance dispute outcomes:</i>	
Agreements	The count of dispute outcomes for which agreement was reached between the disputing parties.
Insurer prevail orders	The count of dispute outcomes for which an administrative review order was issued and the insurer prevailed.
Worker prevail orders	The count of dispute outcomes for which an administrative review order was issued and the worker prevailed.
Other orders	The count dispute outcomes, other than dismissals, for which an administrative review order was issued that did not fall under either the insurer or the worker prevailed category.
Dismissals	The count of dispute outcomes that were dismissed.