

Guide to Perfecting Your WC-R1CATEE

As you are aware, the Board is moving towards our “paperless” system. Every document sent to the Board is scanned into our system and reviewed on the computer. As such – those 150 + page requests become very cumbersome, slow down the process, and simply put – are not necessary! Read on to see what it is we expect and how you can help us!

To begin with, every field on the WC-R1CATEE form itself must be complete. When providing the injured employee’s significant work history [last 15 years], it is helpful if you include the dates of each job along with the physical duties. When naming a supplier, he/she *must* be Board registered as a catastrophic rehabilitation supplier. A list of all suppliers may be accessed under “Publications” on the Board’s web site: www.sbwg.georgia.gov.

I highly recommend you include a letter that outlines your reasoning of why the work-related injuries qualify for catastrophic designation. Accurately incorporate a synopsis of the employee’s treatment history, including surgeries, etc. There is absolutely **no need** to include the entire years of treatment records.

Attach current [within the past year] medical records that reflect the current medical status of those injuries. If the rehab coordinator needs to see additional medical records, she will request them. (If clearly outlined, there will probably be no need).

Attach a current [within the past year] opinion from the ATP of the employee’s work status, including specific restrictions, and whether or not they are permanent. If the employee completed an FCE, this report should be attached; however, you **must** include documentation from the ATP as to whether or not he/she is in agreement with the findings. (Note: this is only required if the catastrophic designation request is based upon the O.C.G.A. § 34-9-200.1(g)(6) category).

A Social Security Administrative Decision is *not* necessary for the Board to render a decision. If you are going to attach it, make sure the rationale (findings) for the decision is included. A simple notification of approval for SSDI benefits without the descriptive reasoning for the decision will not be taken into consideration. Likewise, a decision based upon both work injuries *and* non-work related conditions will not be considered as it is not definitive that the employee would qualify for benefits exclusively as a result of the work-related injuries.

For (g)(6) cases, the Managed Care & Rehabilitation Division does not require documentation from vocational experts as to “the lack of availability of jobs in sufficient numbers in the national economy for which the employee is otherwise qualified”, as our rehab coordinators already have that expertise. Keep in mind, if the issue is taken to court, a vocational expert *must* be called to testify, even if you have a supportive decision from the rehabilitation coordinator!

If you follow these suggestions, the request can be accomplished in under 10 pages!!!