



CompCourses

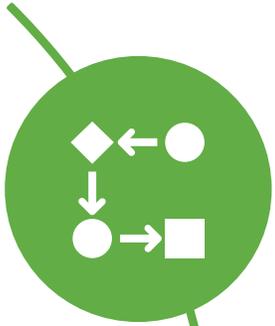
Understanding workers' compensation disputes

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Overview of Hearings



Dispute Processing



Presiding Officers

- Southern and Eastern Regions
- Northern and Western Regions



Appeals Panel



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Types of disputes



Benefit dispute

A disputed issue arising under the Texas Workers' Compensation Act in a workers' compensation claim regarding compensability, eligibility for, or the amount of, income or death benefits.

28 Texas Administrative Code (TAC) Section [140.1](#)



Examples of benefit disputes

Compensability

Extent of injury
(EOI)

Disability

Maximum
medical
improvement
(MMI)

Impairment
rating (IR)

Finality

Supplemental
income benefits
(SIBs)



Dispute of official action by DWC

Disputes that are allowed per statute or Commissioner rule:

- Approval or denial of a request for a designated doctor (DD) exam.
- Denial of a request for a benefit review conference (BRC).
- Approval or denial of an application for attorney fees.
- Change to an alternate treating doctor in a non-network claim.
- Approval or denial to extend the date of MMI for spinal surgery.

28 TAC Sections [127.1\(f\)](#), [141.1\(g\)](#), [152.3\(d\)](#), [126.9\(g\)](#), and [126.11\(g\)](#)



Medical fee dispute

A dispute that involves an amount of payment for non-network health care rendered to an injured employee that has been determined to be medically necessary and appropriate treatment of that injured employee's compensable injury.



Medical necessity dispute

- An appeal of the decision of an Independent Review Organization (IRO) regarding the medical necessity of health care.
- A party is entitled to dispute the IRO's determination by requesting a medical contested case hearing (CCH) via [DWC Form-049](#), *Request to Schedule a Medical Contested Case Hearing*.



Who are the parties to a dispute?



**Injured
employee**



**Insurance
carrier**



Subclaimant

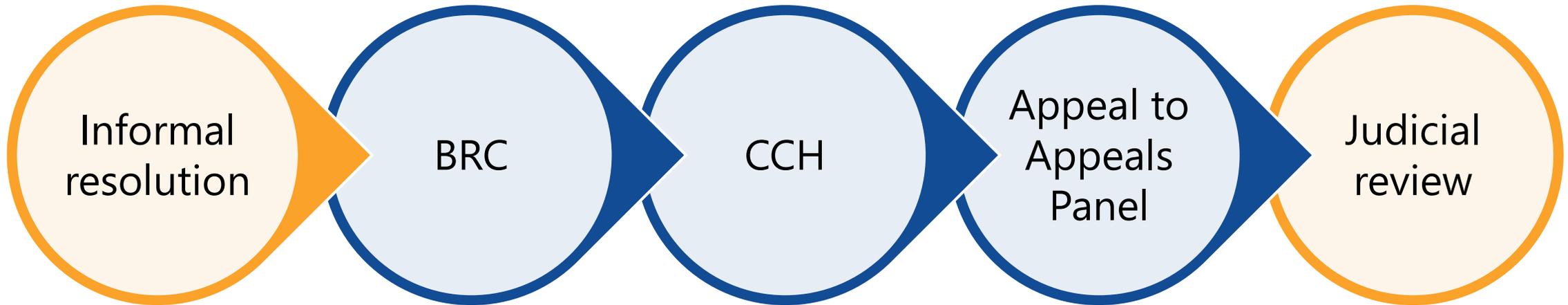


Employer*

*An employer has the right to contest the compensability of an injury if the insurance carrier accepts liability for the payment of benefits.



How is a dispute resolved?





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Case study #1

Compensability and disability



Facts of case

On January 17, 2025, John fell on the stairs in the office building where he works. He twisted his left knee. There were no witnesses. John felt some pain but thought it would go away because he previously had an injury to his left knee that required conservative medical treatment and resolved with time. For this reason, John did not immediately report the injury to his employer. John has a desk job and was able to continue working the remainder of the day. He went home and felt increased pain later that evening. John went on a previously scheduled vacation for three days.

He continued to feel pain in his left knee and reported the injury to his supervisor when he returned to work. John requested to go to a doctor and told his employer he was not able to continue working. John missed two days of work, and he reported it was due to his knee pain.

The employer filed a first report of injury with its insurance carrier. The insurance carrier performed a reasonable investigation and denied the claim within 50 days after it received notice of the injury. John gets a PLN-1 in the mail that explains his claim has been completely denied because there was lack of medical documentation to support that he sustained an injury on January 17, 2025, within the course and scope of his employment.



How does John identify the dispute?

PLN-1, Notice of Denial of Compensability/Liability and Refusal to Pay Benefits

[Recommended: Insert letterhead here]

Notice of Denial of Compensability/Liability and Refusal to Pay Benefits

Date: [Date]
 To: [Name of injured employee]
 [Address]
 [City, state, zip]
 Re: Date of injury: [Date of injury]
 Nature of injury: [Nature of injury]
 Notice of injury date: [Date carrier received notice of injury]
 Part of body injured: [Part of body injured]
 Employee SSN: [Employee SSN]
 DWC claim #: [DWC claim #]
 Carrier name/TPA name: [Carrier name/TPA name]
 Carrier claim #: [Carrier claim #]
 Employer name: [Employer name]
 Employer address, city, state, zip: [Employer address, city, state, zip]

We, [Name of carrier], reviewed your workers' compensation claim. Based on the facts we have about your claim, we are not going to pay income or medical benefits.

We denied your claim because:
[Provide full and complete statement explaining the action taken]

Contact me if you: (1) have questions, (2) need to give more facts about this claim, or (3) disagree with this decision.

Adjuster's name: _____
 Phone (toll-free): _____
 Fax / email: _____

If you would like to get letters by fax or email, send your fax number or email address to me.





Benefit review conference

DWC Form-045, Request to Schedule, Reschedule, or Cancel a Benefit Review Conference

DWC045

TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Complete if known:
 DWC claim # _____
 Insurance carrier claim # _____

Request to schedule, reschedule, or cancel a benefit review conference (BRC)

Este formulario está disponible en español en el sitio web de la División en www.tdi.texas.gov/forms/dwc/dwc045brcs.pdf
 Para obtener asistencia en español, llame a la División al 800-252-7031.

Part 1: Request specifications

1. I want to: <input type="checkbox"/> Schedule a BRC <input type="checkbox"/> Reschedule a BRC <input type="checkbox"/> Cancel a BRC (check only one box)		
2. I need: (check boxes)		
<input type="checkbox"/> Special accommodations (please specify) _____		<input type="checkbox"/> Expedited BRC (provide reason) _____

Part 2: Information about the claim

3. Employee's name (first, middle, last) _____		4. Employee's physical address (street, city, state, ZIP code) _____	
5. Insurance carrier's name _____		6. Date of injury (mm-dd-yyyy) _____	7. Social Security number XXX-XX-____
8. Employer's business name (at the time of the injury) _____		9. Employer's business address (street or PO box, city, state, ZIP code) _____	

Part 3: Information about the party making the request

10. Who is making the request? <input type="checkbox"/> Injured employee <input type="checkbox"/> Insurance carrier <input type="checkbox"/> Employer		
<input type="checkbox"/> Subclaimant <input type="checkbox"/> Beneficiary <input type="checkbox"/> Attorney for _____		
11. Is the Office of Injured Employee Counsel (OIEC) assisting the injured employee? <input type="checkbox"/> Yes <input type="checkbox"/> No		
12. Requester's name and mailing address (street or PO box, city, state, ZIP code) _____		
13. Business/firm name (if applicable) _____	14. Phone number _____	15. Requester's email _____

Employee's name:

DWC claim number:

For DWC Use Only

DWC045 Rev. 07/21
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Benefit review conference

- Either party can file DWC Form-045.
- Person filing form will need to certify that they made reasonable efforts to resolve the disputed issues before they requested a BRC.

Texas Labor Code Section [410.023\(b\)](#) and 28 TAC Section [141.1\(d\)](#)



Benefit review conference

After DWC schedules the BRC, the parties will get a notice with:

- The date and time for the meeting.
- Instructions on how to attend.
- Issues to be discussed.
- Other information.

TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Injured employee: [Name]
DWC claim/docket #: [Number]
Date of injury: [Date]
Employer: [Name]
Insurance carrier: [Name]
Insurance carrier claim #: [Number]
Date: [Date of correspondence]

[Addressee's Name]
[Company Name]
[Street Address]
[City], [State] [ZIP Code]

Your claim is set for a benefit review conference (BRC).
A BRC is a meeting between the parties to talk about your dispute. The date and time of the BRC and the issues being disputed are listed below. Your BRC will be held online.

You must attend the BRC on [Date], at [xx:xx a.m. or p.m.], [Central time or Mountain time]. (The employer is not required to attend unless it filed the dispute.)

How to attend your BRC:	Go online to: tdi-texas.gov.zoomgov.com Click "Join Mediation" Enter Zoom Meeting ID: [BRO's Meeting ID] If you can't connect with the online app, call: 551-285-1373 and enter the Zoom Meeting ID: [BRO's Meeting ID]
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Issues being disputed*
[Description of issues based on issue codes]

*Other issues may be discussed.



Canceling or rescheduling a BRC

DWC may:

- Cancel a BRC on its own motion, at the request of the party who requested the conference, or at the mutual request of the parties.
- Reschedule a BRC at any time before the BRC on its own motion or at the request of a party.

Parties can use DWC Form-045 for requests to reschedule or cancel a BRC.

- Requests made within 10 days of a party's receipt of the BRC set notice don't have to demonstrate good cause for the request.
- Requests outside of the 10-day period must show good cause.



Exchanging information for a BRC

Parties should exchange all information relevant to the resolution of the disputed issues to be addressed at the BRC.

Must send information to DWC no later than 14 days before BRC or five days before an expedited BRC.



How to exchange information

With other parties:

- Mail information or send electronically if the other party has fax or email.

With DWC:

- Email: [BRC Exchanges@tdi.texas.gov](mailto:BRC_Exchanges@tdi.texas.gov)

- Fax: 512-804-4011

- Mail:

Texas Department of Insurance, Division of Workers' Compensation

Hearings, Mail Code HRG

PO Box 12050

Austin, TX 78711-2050

- Secure File Transfer Protocol (SFTP)



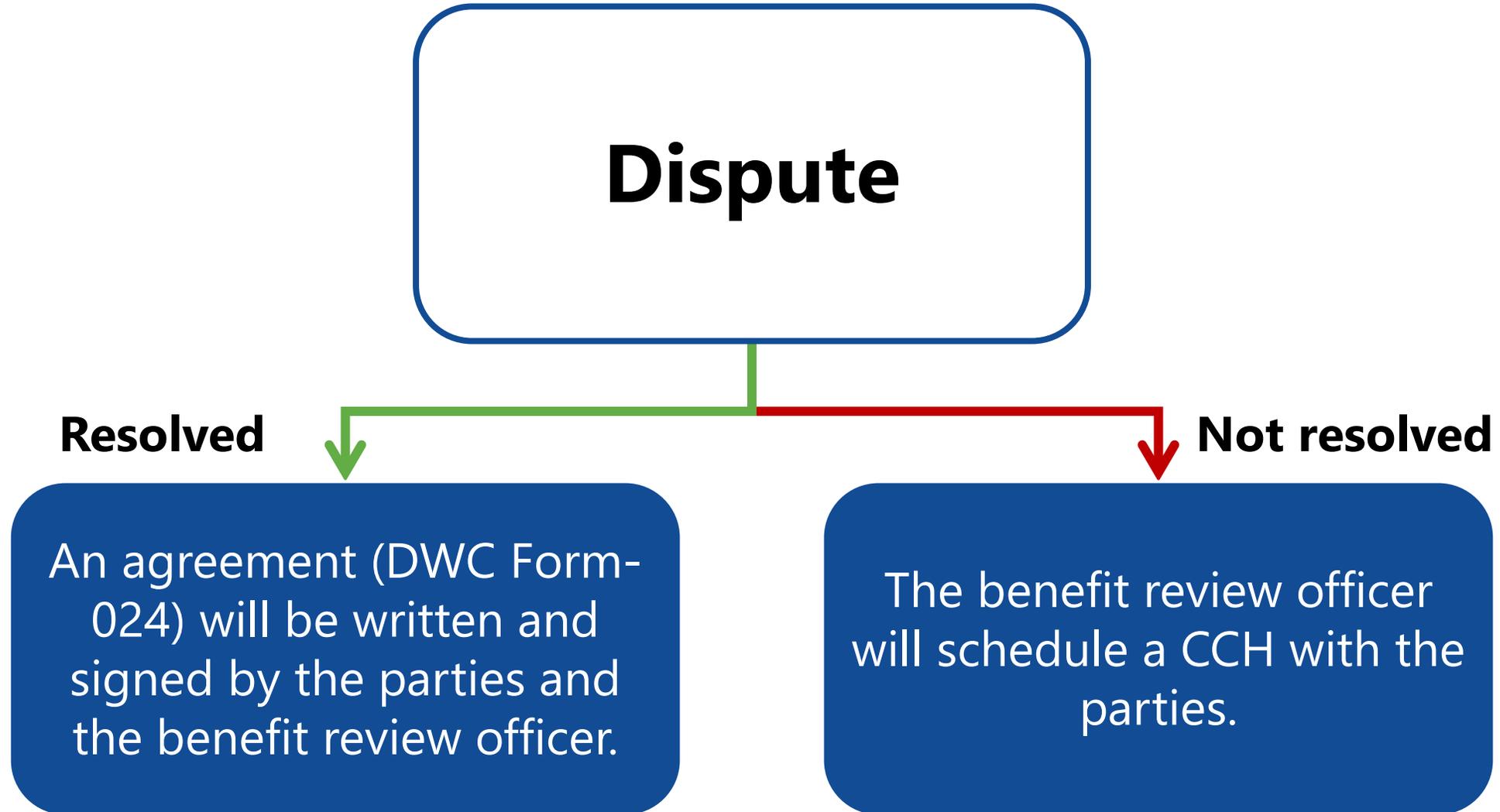
What to expect

At the BRC a benefit review officer will preside over the conference and help parties to:

- Understand their rights and the procedures necessary to protect those rights.
- List the disputes.
- Discuss information and facts about the claim.
- Get more information if needed.
- Work to reach an agreement.



What to expect





Contested case hearing

Parties will get a notice about time and location of the CCH, and how to prepare.

TDI Division of Workers' Compensation
 PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Injured employee: [Name]
 DWC claim/docket #: [Number]
 Date of injury: [Date]
 Employer: [Name]
 Insurance carrier: [Name]
 Insurance carrier claim #: [Number]
 Date: [Date of correspondence]

[Addressee's Name]
 [Company Name]
 [Street Address]
 [City], [State] [ZIP Code]

Your claim is set for a contested case hearing.

You must go to the hearing on [Date], at [xxxxx a.m. or p.m.], [Central time or Mountain time]. (The employer is not required to attend unless it filed the dispute.)

Your hearing will be held at:	Place: Division of Workers' Compensation [FIELD OFFICE ADDRESS] [CITY, ST ZIP CODE]
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What will happen?
 During the hearing, an administrative law judge from the Texas Department of Insurance, Division of Workers' Compensation (DWC) will listen as parties offer evidence about issues that were not resolved during the benefit review conference. Witnesses will answer questions under oath, and each party will explain its side of the case. After the hearing, the judge will review the evidence and make a decision.

A list of the issues to be considered is attached to this letter.

What if you can't go?
 As soon as possible, request a new date and time for the hearing. You must give a good reason (showing "good cause") if you are not able to go. The judge will make a decision about your request.

If you don't go to the hearing and don't have a good reason, you may lose your right to explain your side of the case and give evidence about your claim.

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Contested case hearing

The notice will also have the BRC report listing:

- Information about the parties.
- Any issues that were not resolved.
- Other information.

Benefit Review Conference (BRC) Report

Claim No.:	*12345678
Docket No.:	*12345678-0X
Carrier No.:	*
Date of Injury:	*
Date of BRC:	*
Claimant/Assisted or Rep. by:	* / *
Employer/Assisted or Rep. by:	* / *
Carrier/Assisted or Rep. by:	* / *

The parties were notified that the contested case hearing will be scheduled in *, TX, on *, at **: *m., with an administrative law judge.

Learn more about requesting a contested case hearing (hearing) or arbitration, the differences between the two proceedings, and the right to appeal the hearing decision or arbitration award:

- Contested case hearings: www.tdi.texas.gov/wc/idr/cch.html
- Arbitration: www.tdi.texas.gov/wc/idr/arbitration.html

Issues Resolved at the BRC:

Disputed Issue	Resolution

Dispute Resolution Disposition:

A scheduling order documenting needed information or actions was issued on *.

Party(s) failed or refused to comply with the scheduling order; therefore, the second BRC was not conducted and a contested case hearing was scheduled.

Agreement signed at the BRC, if any (see attached Form DWC024).

Interlocutory Order issued (see attached Form H-B03 or H-B03M).

Special Accommodations:

Other:

H&R03-04 (Rev 1/2025) 1



Response to BRC report

A party may submit a response to the disputes identified as unresolved in the BRC report and send it to DWC no later than 20 days after receiving the report.

Additional disputes may be added if:

- There is unanimous consent of the parties.
- The administrative law judge (ALJ) finds good cause to add the issue.
- Request is sent to DWC no later than 15 days before the hearing.



Motions for continuance

Continuance requests by carriers, carrier representatives, claimants represented by an attorney, and claimants assisted by the Office of Injured Employee Counsel (OIEC), must:

- Be in writing.
- Include a signed statement that there were reasonable efforts to confer with the other parties about the request.
- Indicate there was coordination with docketing and parties and propose a new date and time for the hearing.

Continuance requests by claimants without an attorney or OIEC assistance can be made by contacting DWC in any manner.



Preparing for a CCH

- If needed, send interrogatories or request subpoenas.
- Timely exchange exhibits and names of witnesses.
- File exhibits with DWC before the hearing.



Exchanging exhibits with the other party

Parties must exchange the following information no later than 15 days after the BRC (except for expedited CCHs):

- All medical reports and reports of expert witnesses who will testify at the hearing.
- All medical records.
- Any witness statements.
- The identity and location of any witness known to have knowledge of relevant facts.
- All photographs or other documents which a party intends to offer into evidence at the hearing.

Parties must also exchange additional documentary evidence as it becomes available.



Filing exhibits with DWC

- **Email:** CCH_Exhibits@tdi.texas.gov

- **Fax:** 512-804-4011

- **Mail:**

Texas Department of Insurance, Division of Workers' Compensation

Hearings, Mail Code HRG

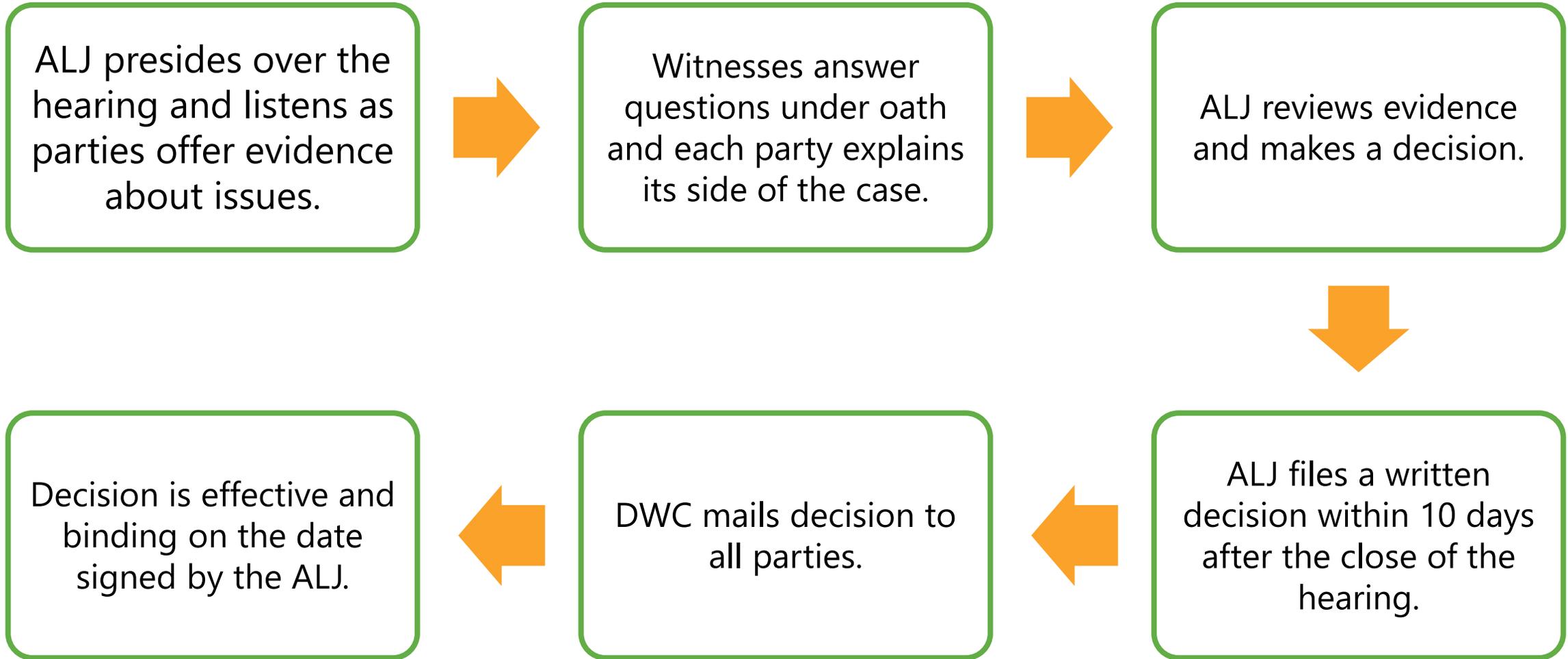
PO Box 12050

Austin, TX 78711-2050

- **SFTP**



Contested case hearing





Request for an appeal

To request an appeal of the ALJ's decision from a CCH, you must:

- Request in writing.
- File in 15 days.*
- Serve a copy of the request on the other party, include a signed statement that a copy was sent to the other party and the name, address, or fax number where it was sent.

*The start date for the 15-day period is:

- Five days after the ALJ's decision was mailed by USPS regular mail.
- The date the decision was faxed or electronically sent.
- The first working day after the date the decision was placed in a carrier's Austin representative box (for insurance carriers only).



Response to an appeal

- Must be in writing.
- Filed with the DWC Appeals Panel no later than 15 days after the date the copy of the request for appeal was served.
- Include a signed statement that a copy was sent to the other party and include the name, address, or fax number where the response was sent.



15-day deadline

Note: The 15-day appeal and response periods do not include Saturdays, Sundays, or holidays listed in Texas Government Code Section [662.003](#).

The Appeals Panel will not consider a late appeal or response.



Review by the Appeals Panel

The Appeals Panel must consider the:

- Record developed at the hearing.
- Written request for appeal and response filed with the Appeals Panel.



Powers and duties of the Appeals Panel

The Appeals Panel may issue a written decision:

- **Reversing** the hearing decision and **rendering** a new decision.
- **Reversing** the hearing decision and **remanding** the case to the ALJ for further consideration and development of evidence.
- **Affirming** the hearing decision in a case.



Appeals Panel decisions

- A written decision must be issued within 45 days after the date the response to the request for appeal is filed.
- If no written decision is issued, then the hearing decision is final and is the final decision of the Appeals Panel.

Labor Code Sections [410.204\(a\)](#) and [410.204\(c\)](#)



Judicial review

If a party is not satisfied with the outcome of the case after the Appeals Panel has issued its decision or final determination letter, then that party may take the case to district court.

The party must file suit no later than the 45th day after the date DWC mailed the party the Appeals Panel decision.



CompCourses

Case study #2

EOI, MMI, and IR



Facts of case

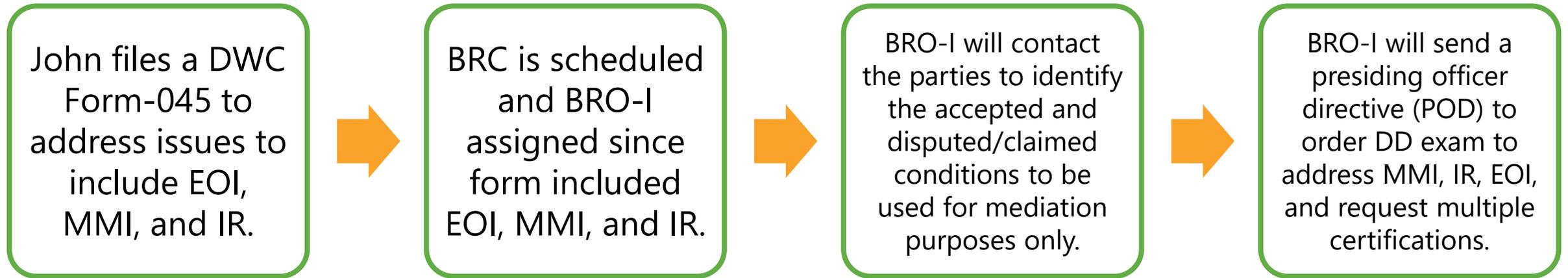
The insurance carrier files a PLN-11 stating the compensable injury is limited to a left knee sprain. John receives the PLN-11 and disagrees because he recently had an MRI that showed a left knee meniscus tear, and his doctor recommended surgery. Additionally, a treating doctor referral doctor issued a certification that John reached MMI on May 5, 2025, with 0% impairment rating. The insurance carrier sent the referral doctor's certification to John by certified mail, and he signed for the document on June 1, 2025.

John disagreed with the referral doctor's certification because he continues to have symptoms. He obtained an opinion from his treating doctor that his compensable injury extends to and includes a left knee meniscus tear.

John called the insurance carrier to resolve the dispute. The insurance carrier maintained its position, and John filed a request for a BRC within 90 days after he received the certification. He requests the issues to include EOI, MMI, and IR.



BRO-I process





Benefit review conference

Pertinent information may include:

- Treating doctor referral certification.
- DD certification including the EOI opinion.
- Causation opinion from John's treating doctor.

Example BRC report

*** Issue(s) Unresolved after the BRC:**

Disputed Issue
Does the compensable injury of January 17, 2025, extend to and include a left knee meniscus tear?
Claimant's Position: The claimant sustained a meniscus tear when he twisted his left leg as he fell on the date of injury. The claimant will rely on a causation opinion from his treating doctor to support his position.
Carrier's Position: The compensable injury is limited to a left knee sprain.

Disputed Issue
Has the claimant reached maximum medical improvement, and if so, on what date?
Claimant's Position: The claimant has not reached maximum medical improvement because he has been recommended to undergo surgery for his left knee.
Carrier's Position: The claimant reached maximum medical improvement on May 5, 2025, with a 0% impairment rating, as certified by the doctor selected by the treating doctor.

Disputed Issue
If the claimant has reached maximum medical improvement, what is his impairment rating.
Claimant's Position: The claimant has not reached maximum medical improvement so he cannot be assigned an impairment rating at this time.
Carrier's Position: The claimant's impairment rating is 0%, as certified by the doctor selected by the treating doctor.



Contested case hearing

Evidence may include:

- Expert medical opinion for causation.
- DD's certification of MMI/IR including EOI opinion.
- Treating doctor referral's certification of MMI/IR.
- Peer review reports.
- Expert witness testimony.
- Medical records.



DWC website



Hearings
webpage



Texas Workers'
Compensation Act



DWC rules



DWC forms



OIEC



Legal resources relating to adjudication of disputes at DWC:

- Labor Code [Chapter 410](#).
- 28 TAC Chapters [140-147](#).