

JUDICIAL RULES OF PRACTICE AND PROCEDURE

Under the Idaho Workers' Compensation Law



Effective May 8, 2013

IDAHO INDUSTRIAL COMMISSION

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TABLE OF CONTENTS

INTRODUCTION.....	1
Rule 1. TITLE, SCOPE, AND DEFINITIONS	2
Rule 2. REPRESENTATION	3
A. Natural Persons	
B. Parties Other Than Natural Persons	
Rule 3. PLEADINGS	4
A. Complaint and Answer	
B. Separate Complaints: Consolidation	
C. Industrial Special Indemnity Fund	
D. Peace Officer and Detention Officer Temporary Disability Act Complaint and Answer	
E. Certifying Pleadings, Motions or Other Papers	
F. Motions Generally	
G. Motions to Reconsider	
H. Form and Size Requirements for Filed Documents	
Rule 4. FILING AND SERVICE	6
A. Generally	
B. Service : Complaint	
C. Service : Answer	
Rule 5. EX PARTE COMMUNICATIONS	7
Rule 6. DEFAULT	8
A. Procedure for Entry of Default	
B. Setting Aside Default	
C. Award or Judgment of Default	
Rule 7. DISCOVERY	9
Rule 8. PREHEARING PROCEDURE	10
A. Conferences	
B. Telephone Conferences	
C. Requesting a Hearing	
D. Emergency Hearings	
E. Small Claims	

Rule 9.	WITNESS FEES, MILEAGE AND SERVICE OF SUBPOENAS	13
Rule 10.	HEARING PROCEDURE	14
	A. Presiding Officers	
	B. Stipulations	
	C. Exhibits	
	D. Depositions	
	E. Post-hearing Depositions	
	F. Evidence	
	G. Medical Reports	
	H. Hearing Transcript and Deposition Procedure	
	I. Video Hearings	
Rule 11.	BRIEFS	17
	A. Brief Format	
	B. Time for Filing	
	C. Citations and Support Required	
	D. Copies of Briefs	
Rule 12.	DISMISSALS	18
	A. Generally	
	B. Non-Prosecution	
	C. Party Filing Complaint	
	D. Stipulation	
Rule 13.	DISPOSITION OF EXHIBITS	19
Rule 14.	CHANGE OF ATTORNEY	20
	A. Substitution of Attorney	
	B. Leave to Withdraw	
	C. Notice to Client of Withdrawal	
	D. Extraordinary Circumstances	
Rule 15.	DECLARATORY RULINGS	21
	A. Purpose	
	B. "Person" Defined	
	C. Contents of Petition	
	D. Service on Parties	
	E. Time for Responses or Replies	
	F. Disposition of Petition	

Rule 16.	SANCTIONS	23
Rule 17.	MEDIATION	24
	A. Definition	
	B. Duties of Mediator	
	C. Request for Mediation	
	D. Mediation Procedure	
	E. Agreement	
Rule 18.	LUMP SUM SETTLEMENT AGREEMENTS	26
	A. Service, Form	
	B. Standard of Review	
	C. Requirements	
	D. Effect of Submission and Hearings	
Rule 19.	DISPUTES BETWEEN PROVIDERS AND PAYORS	27
	A. Scope	
	B. Compliance Prerequisite	
	C. Service	
	D. Review	
	E. Dispute Resolution Process	
Rule 20.	CHANGE OF PHYSICIAN	31
	A. Legal Authority	
	B. Definitions	
	C. Filing and Service	
	D. Attorney Representation	
	E. Petition	
	F. Response	
	G. Expedited Hearing	
	H. Decision	
	I. Alternative Procedure	
Rule 21.	EFFECTIVE DATE	35

Appendix 1 -	Workers' Compensation Complaint
Appendix 2 -	Workers' Compensation Complaint Against The Industrial Special Indemnity Fund (ISIF)
Appendix 3 -	Answer to Complaint
Appendix 4A -	Officer's Complaint for Continuation of Salary Benefit under Peace Officer & Detention Officer Temporary Disability Act
Appendix 4B -	Answer to Officer's Complaint for Continuation of Salary Benefit under Peace Officer & Detention Officer Temporary Disability Act
Appendix 5A -	Defendants' Settlement Summary
Appendix 5B -	Claimant's Attorney Memorandum
Appendix 6A -	Motion for Approval of Disputed Charge
Appendix 6B -	Appendix A Motion for Approval of Disputed Charge
Appendix 7A -	Petition for Change of Physician
Appendix 7B -	Response to Petition for Change of Physician

INTRODUCTION

By virtue of the authority vested in the Industrial Commission pursuant to Idaho Code §§ 72-508 and 72-707, the Industrial Commission of the State of Idaho hereby adopts the following rules of procedure governing judicial matters under its jurisdiction as provided by the Idaho Workers' Compensation Law. These rules shall amend and supplement those rules previously adopted by the Commission.

COMMENT: This paragraph is intended to introduce the reader to the authority vested in the Commission to establish its procedural rules.

RULE 1.

TITLE, SCOPE, AND DEFINITIONS

A. Title and Scope.

These rules shall be cited as the Judicial Rules of Practice and Procedure Under the Idaho Workers' Compensation Law, or abbreviated as JRP, and shall apply in all disputed cases coming under the Commission's jurisdiction. Any party to a controversy may apply to the Commission for relief, and the Commission shall make such order, ruling or award as it determines is reasonable and just. However, where the Commission in an administrative rule or regulation adopts a procedure for adjudication of a specific type of dispute, these rules shall apply only to the extent expressly incorporated therein. Pursuant to Idaho Code § 72-708 the Commission will construe these rules liberally to secure the just, speedy, and economical determination of all issues.

B. Definitions.

1. **"File"** or **"Filing"** is the actual receipt of a document at the Commission's office at 700 South Clearwater Lane in Boise, Idaho, before the close of business at 5:00 p.m., Mountain Time, as shown by the Commission's date stamp, except as otherwise provided by these rules.
2. **"Service"** or **"serve"** is the transfer of a document or pleading to the other party or parties. See JRP Rule 4.
3. **"Pro se"** shall refer to a person acting as their own legal counsel in matters before the Commission.
4. **"Commission"** means the Idaho Industrial Commission and shall include one or more of the three Commissioners, any Referee, Mediator, or any other person to whom the Commissioners have delegated any part of their authority.
5. **"Default"** is the failure of a party to answer when required within a specified time period. See JRP Rule 6.
6. **"Prima facie"** is the first appearance of evidence that, on its face, is sufficient to establish a fact. A prima facie case is established by providing sufficient evidence to prove eligibility for benefits. See JRP Rule 6.
7. **"De novo"** is a process in which a prior decision or determination is reviewed with a fresh analysis of the pleadings, testimony, and exhibits.

RULE 2.
REPRESENTATION

A. Natural Persons.

Any natural person may act *pro se* or be represented by an attorney who is licensed to practice law in the State of Idaho, or who is associated with an attorney licensed to practice law in the State of Idaho.

B. Parties Other Than Natural Persons.

Except as otherwise set forth in these rules, all parties other than natural persons must be represented by an attorney who is licensed to practice law in the State of Idaho or who is associated with an attorney licensed to practice law in the State of Idaho. This requirement includes, but is not limited to, the filing of any document in any matter in which a complaint has been filed and participating in any proceeding before the Commission.

COMMENT: The representation of parties has been clarified, and the designation of a "natural" person added.

RULE 3.
PLEADINGS

A. Complaint and Answer.

1. For purposes of these rules, an "application for hearing," as referenced in Idaho Code § 72-706, shall be called a complaint. The complaint shall be in the form prescribed by the Commission, an example of which is attached hereto as Appendix 1.
2. The answer to such complaint shall be in the form prescribed by the Commission, an example of which is attached hereto as Appendix 3.

B. Separate Complaints.

1. **Consolidation** - A separate complaint shall be filed for each alleged accident or occupational disease for which workers' compensation benefits are claimed. Separate pleadings shall be filed in each case in which a complaint has been filed; provided, however, that a single pleading may be filed in two or more cases which have been consolidated. No cases shall be consolidated except by order of the Commission, and the Commission will not consider consolidation of cases unless a separate complaint has been filed in each and every case sought to be consolidated.

C. Industrial Special Indemnity Fund.

Any claim against the Industrial Special Indemnity Fund (ISIF) shall be made by filing a separate complaint in accordance with Idaho Code § 72-334, and shall be in the form prescribed by the Commission, an example of which is attached hereto as Appendix 2. All complaints against the ISIF shall be filed with the Commission and a copy shall be served on all other parties.

D. Peace Officer and Detention Officer Temporary Disability Act Complaint and Answer

1. Any claim regarding the eligibility of a peace officer or detention officer for the continuation of salary benefit referenced in Idaho Code § 72-1101, *et seq.*, shall be made by filing a complaint in the form prescribed by the Commission, an example of which is attached hereto as Appendix 4A.
2. The answer by an employer to an officer's complaint for the continuation of salary benefit shall be in the form prescribed by the Commission, an example of which is attached hereto as Appendix 4B.

E. Certifying Pleadings, Motions or Other Papers.

Every pleading, motion, and other paper of a party represented by an attorney shall be signed by at least one attorney of record licensed by the State of Idaho, in the attorney's individual name. A party who is not represented by an attorney shall sign the pleading, motion, or other paper. The signature of any party to an action, or the party's attorney, shall constitute a certification that said party, or the party's attorney, has read the pleading, motion, or other paper; that to the best of his or her knowledge, information, and belief after reasonable inquiry that there are sufficient grounds to support it, and that it is not submitted for delay or any other improper purpose.

F. Motions Generally.

1. An application to the Commission for an order shall be made by filing a motion which, unless made during a hearing, shall be made in writing, state the legal and factual basis for the motion, and set forth the relief or order sought.
2. If after 14 days from the filing of a motion, no brief, affidavit, or other response is filed, the Commission may act on the motion. The Commission may act on the motion sooner after giving actual notice, or attempting to give actual notice by telephone or by facsimile transmission, to all parties. If the motion is opposed by any party, the Commission may base its ruling on written argument or may conduct such conference or hearing as may be necessary, in the Commission's judgment, to rule on the motion.
3. All motions and other pleadings shall be served on all other parties.

G. Motions to Reconsider.

A motion to reconsider pursuant to Idaho Code § 72-718 shall be made within 20 days from the date the final decision is filed and shall be supported by a brief filed with the motion. All responses to a motion to reconsider shall be filed within 14 days of the date of filing of the motion. Any reply brief shall be filed no later than 10 days from the date of filing the response.

H. Form and Size Requirements for Filed Documents.

All pleadings, letters, petitions, briefs, notices and other documents filed with the Commission shall be on 8 1/2" x 11" white paper.

COMMENT RE: Complaint - The necessity to sign the release by claimant is not jurisdictional to filing the complaint. The use of this form is intended for ease in receiving medical information by Employer/Surety. Should claimant refuse to release such medical information, serious consequences may develop in pursuing the claim for benefits.

RULE 4.

FILING AND SERVICE

A. Generally.

Documents required by these rules to be filed or served shall be filed or served by means of regular United States mail (mail), overnight service, parcel service, personal service of process, or facsimile transmission (fax). Service by mail is completed on mailing, unless otherwise specified in these rules. For any document transmitted by fax, the original document shall be sent to the Commission and copies served on all other parties the same day as the day of transmission.

B. Service – Complaint.

1. The party making the complaint shall file the original of the complaint with the Commission. The party filing the complaint shall serve all other parties to the action with a copy of the complaint within sixty (60) days of filing the complaint. In serving the employer and any surety or sureties, service shall be made on the party's Idaho agent. The Commission shall serve a copy of the complaint on behalf of *pro se* claimants on the Idaho agent of employer's surety listed on Commission records. A complaint delivered by fax to the Commission before midnight Mountain Time shall be considered filed on that date.
2. The address to which each copy of the complaint is served shall be the last known address of the respective party or parties, or the agent thereof as named in the Commission's records, *i.e.*, claim, bond record, or authorized adjuster list.
3. After the complaint has been served on all parties to the action, the party filing the complaint or such party's attorney shall certify to the Commission the parties served, the date and method of service, and the identity of the person served, or, if service is accomplished by mail, the address to which the complaint was sent.

C. Service – Answer.

1. Each party served with a copy of the complaint must file an answer to said complaint within 21 days from the date of the service of the complaint. A copy of the answer shall be served by the defendant(s) on all other parties, within seven (7) days of the date of filing the answer. If a party has an attorney, service shall be on that attorney.
2. The Commission may shorten or extend the time for filing an answer to the complaint after a motion and showing of good cause has been made within the original time allowed.

COMMENTS: *Subsection A includes a comprehensive list of delivery options. Subsection B requires service on the Idaho agent and not an out-of-state office of either the Employer or Surety.*

RULE 5.

EX PARTE COMMUNICATIONS

A. No Commissioner or Referee shall initiate, permit, or consider communications made to him or her outside the presence of the parties concerning a pending proceeding. No person shall discuss with a Commissioner or a Referee the facts or merits of any matter in which a Complaint has been filed, unless all parties or their attorneys are present, or a party has failed to attend a conference in which the parties have been duly notified of the time for such conference.

B. In the event such communication is made, the Commissioner or Referee receiving the communication shall give written notice to all parties of the communication. Any party may thereafter request a status conference to discuss the impact and effect of the communication, and any resolution thereof.

C. Referees acting as mediators shall be exempt from the above requirements.

RULE 6.

DEFAULT

A. Procedure for Entry of Default.

A party seeking the entry of a default shall give notice by certified United States mail to all parties of its intent to take default and shall file with the Commission proof of service, or attempted service, of such notice that contains a copy of the notice. If the party against whom the default is sought does not file with the Commission an answer to the complaint within 21 days after service, or attempted service, of the notice, the Commission shall issue an order entering default and serve notice thereof on all parties to the action.

B. Setting Aside Default.

For good cause shown, and on written motion filed within 10 days after an entry of default, the Commission may set aside such entry.

C. Award or Judgment of Default.

After an order entering default becomes final, the Claimant must establish a *prima facie* case to support an award or judgment.

The Claimant may establish a *prima facie* case by submitting affidavits, depositions, and/or medical reports to the Commission or, alternatively, the Claimant may file a request for hearing to establish a *prima facie* case. Proof of medical facts at hearing may be made in the manner set forth in JRP Rule 10(G).

A defaulted party may not participate further in the proceedings and, therefore, may not present evidence to rebut the Claimant's *prima facie* case. When the Commission determines whether the Claimant has established a *prima facie* case, it shall enter an appropriate order and serve notice thereof on all parties.

COMMENT: *The new rule streamlines the default process and eliminates the requirement to file a motion for default.*

RULE 7.

DISCOVERY

- A.** Parties may obtain discovery by one or more of the following methods: depositions by oral examination or written questions, written interrogatories, or requests for production of documents or things.
- B.** Requests for admissions shall not be allowed. This provision notwithstanding, the parties may agree to admit facts prior to hearing.
- C.** Procedural matters relating to discovery, except sanctions, shall be controlled by the appropriate provisions of the Idaho Rules of Civil Procedure.

COMMENTS: Discovery is limited to the procedures within this rule. Requests for admissions continue to remain an unacceptable procedure at the Commission.

RULE 8.

PREHEARING PROCEDURE

A. Conferences.

On the motion of any party filed any time after the answer to the complaint has been filed, or on its own motion, the Commission may hold a conference or conferences with all parties to consider and discuss the following, as appropriate:

1. Mediating the dispute as provided in JRP Rule 17;
2. Clarifying the issues;
3. Amending the pleadings;
4. Obtaining admissions of fact and of documents which will avoid unnecessary proof;
5. Limiting the number of expert witnesses and identifying persons having knowledge of relevant facts who may be called as witnesses;
6. Discovery issues and schedule;
7. Issues of fact and law;
8. Whether the case should be heard by the full Commission because it is a case of first impression, presents a situation to overturn or modify precedent, involves novel or complex facts, or otherwise merits hearing by the full Commission rather than by a Referee; and
9. Any other matter which any party or the Commission deems relevant.

B. Telephone Conferences.

In any prehearing proceeding before the Commission, including any scheduling or discovery matter, the Commission may, on motion of any party or on its own motion, direct that the proceeding be conducted by telephone conference with all parties.

C. Requesting a Hearing.

1. Unless otherwise scheduled for hearing under these rules, no case shall be set for hearing until the time for filing an answer has passed and a party shall have filed with the Commission and served on all other parties a written request for hearing which shall contain the following:

- a. Statement of readiness for hearing;
 - b. Clear and concise statement of the factual and legal issue or issues which the party desires the Commission to hear and decide;
 - c. Desired location of the hearing;
 - d. Desired dates of the hearing;
 - e. Unavailable dates of counsel;
 - f. Estimated length of the hearing;
 - g. Whether settlement negotiations have been conducted and if so, the likelihood that settlement will be achieved before hearing;
 - h. Whether the case should be heard by the full Commission because it is a case of first impression, presents a situation to overturn or modify precedent, involves novel or complex facts, or otherwise merits hearing by the full Commission rather than by a Referee; and
 - i. Whether a translator or any assistive device will be needed, and any other information that will be helpful to the Commission in scheduling or conducting the hearing.
2. Within 14 days of the date of service of the request for hearing, all opposing parties shall respond in writing to the request. Any party objecting to scheduling the case for hearing must submit a clear and concise statement of the reasons why the case should not be set. If no response is timely filed, the Commission may schedule a hearing based solely on the request for hearing.
 3. The Commission may order all parties to submit prehearing statements containing any of the information specified in subparagraphs C.1.c. through C.1.i. above, and/or prehearing memoranda, and may schedule a case for hearing on its own motion.

D. Emergency Hearings.

If, at any time after the date the answer is filed or should have been filed, any party believes that an emergency exists such that an expedited hearing on any issue or issues is needed, that party shall file a request for an emergency hearing. The Commission may issue an order scheduling an emergency hearing after conducting a conference in which all parties are provided an opportunity to present their positions as to the necessity of an emergency hearing. The determination of what constitutes a situation justifying an emergency hearing shall be within the

Commission's sole discretion. In the event the request is granted, the parties shall be prepared to proceed to hearing within 30 days of the scheduling order.

E. Small Claims.

If both parties agree that the total amount of the claim is less than \$2,000 and the parties have failed to resolve the matter in mediation, the case may be heard according to subsection D of this rule on an emergency basis.

COMMENTS: Subsection A.1 references the importance of mediation in the resolution process of issues at the Commission. Mediation has a separate rule.

Subsection D provides a specific forum to resolve issues which substantially impact the health or financial stability of an injured worker and need immediate attention by the Commission.

Subsection E provides a forum to resolve cases in which the total amount in controversy does not warrant extended litigation.

RULE 9.

WITNESS FEES, MILEAGE AND SERVICE OF SUBPOENAS

Unless otherwise provided by law, no person shall be required to attend as a witness in any proceeding before the Industrial Commission unless that person's lawful mileage and witness fee for one day's attendance shall first be paid or tendered to him or her. Witness fees and mileage shall be in the amounts provided by law for a witness in the district courts of this state as set forth in Idaho Rule of Civil Procedure 54(d)(1), and shall be paid by the party in whose behalf the witness is subpoenaed, unless the witness chooses not to accept payment. Service of subpoenas shall be accomplished in the manner provided by law for the service of subpoenas in civil proceedings in the district courts of this state.

COMMENT: *This rule standardizes the procedures of service for subpoenas and provides for reimbursement of costs for witnesses pursuant to Idaho Code § 72-709 (4).*

RULE 10.

HEARING PROCEDURE

A. Presiding Officers.

Hearings are held before one or more Commissioners or a Referee appointed by the Commission. The presiding officer in each case is designated by the Commission.

B. Stipulations.

The parties may stipulate to the facts of any case in writing and the Commission may make its order or award thereon.

C. Exhibits.

1. Unless good cause is shown to the contrary at least 10 days prior to a hearing, each party shall serve on all other parties complete, legible, and accurate copies of all exhibits to be offered into evidence at hearing, including, but not limited to, medical records. The proposed exhibits shall be arranged in chronological order with the first exhibit as the earliest date: proceeding to the last as the latest date. All pages within each exhibit shall be numbered in consecutive order. Each party shall file a notice with the Commission that service of such exhibits has been completed.
2. In the event that the existence of a proposed exhibit is discovered in good faith and with due diligence less than 10 days before the date of hearing, the party discovering the same shall immediately notify all other parties of the existence of the exhibit. The party shall also serve a complete, legible and accurate copy of the exhibit on all other parties, and file with the Industrial Commission a notice indicating the proposed exhibit has been served.
3. All parties are encouraged to present the Commission, at hearing, with an electronic copy (in .pdf format) of all exhibits to be offered. Each exhibit within the electronic copy shall be clearly identified by its exhibit letter or number. An electronic copy shall not substitute for the requirement to provide a paper copy of exhibits at the hearing.

D. Depositions.

Generally - The testimony of any witness or witnesses may be presented by deposition prior to the conclusion of the hearing, provided that the party offering the deposition testimony provides reasonable notice prior to the taking of the deposition that the deposition may be used for testimonial purposes. The deposition testimony of any witness also may be presented prior to

the conclusion of the hearing by agreement of the parties. Absent such notice or agreement, a deposition may be used only to the extent allowed by the Idaho Rules of Civil Procedure.

E. Post-hearing Depositions.

1. At the conclusion of a hearing, unless the parties agree to a shorter time, the record shall remain open for the submission of expert testimony through post-hearing deposition. Notice of all depositions to be taken pursuant to this subsection must have been filed with the Commission and served on all other parties not later than 10 days prior to the hearing. The original of all post-hearing depositions shall be filed with the Commission.
2. A party who has given notice of a deposition under this subsection may vacate the deposition only by serving reasonable written notice on all other parties and giving them an opportunity to respond. Any party who objects to vacating a post-hearing deposition must serve reasonable written notice of its objection on all other parties. If any party serves a notice of objection as provided herein, the deposition shall not be vacated; provided, however, that the service of a notice of objection shall constitute a certification that the party or parties objecting to vacating the deposition will bear the costs of the deposition.
3. All depositions to be submitted on behalf of a claimant must be taken no later than 14 days after the conclusion of the hearing; all depositions to be submitted on behalf of a defendant must be taken no later than 28 days after the conclusion of the hearing. The Commission may alter the time limits within which to notice or take post-hearing depositions upon the filing of a motion showing good cause for such modification: Provided, however, that any stipulation or motion to enlarge the period for post-hearing depositions must be submitted to the Commission for its approval prior to the expiration of the original period and must set forth reasonable grounds for such enlargement and the extent of the enlargement sought.
4. Unless the Commission, for good cause shown, shall otherwise order at or before the hearing, the evidence presented by post-hearing deposition shall be evidence known by or available to the party at the time of the hearing and shall not include evidence developed, manufactured, or discovered following the hearing. Experts testifying post-hearing may base an opinion on exhibits and evidence admitted at hearing as well as on expert testimony developed in post-hearing depositions. Lay witness rebuttal evidence is only admissible post-hearing in the event new matters have been presented and the Commission so orders.

F. Evidence.

The filing of a document, including a pre-hearing deposition, does not signify its admission in evidence, and only those documents which have been admitted as evidence shall be included in the record of proceedings of the case.

G. Medical Reports.

Any medical report(s) existing prior to the time of hearing, signed and dated by a physician, or otherwise sufficiently authenticated, may be offered for admission as evidence at the hearing. The fact that such report(s) constitutes hearsay shall not be grounds for its exclusion from evidence.

H. Hearing Transcript and Deposition Procedure.

1. All requests for copies of hearing transcripts shall be in writing and filed directly with the Commission. The Commission will provide the requesting party with one copy of the hearing transcript. Oral requests will not be honored.
2. The Commission will not honor any request for a transcript made directly to the court reporter. The requester will be responsible for any costs charged by the court reporter for any documents the court reporter provides to the requester. Invoices sent to the Commission for such costs will be returned.
3. Parties that notice a deposition will be responsible for its costs, including the court reporter.
4. The Commission will not provide or pay for copies of pre- or post-hearing depositions.

I. Video Hearings.

The Commission may, *sua sponte* or on a motion made by a party, order the holding of a hearing utilizing video conferencing equipment and facilities available to the Commission under such terms and conditions as the Commission may provide.

COMMENTS: *Subsection C.1 provides a system of organization of exhibits presented to the Commission for its consideration in resolving issues. Bates stamping is encouraged. Although the rule requires service of the exhibits 10 days before the hearing, the Commission would encourage the parties to make every effort for each party to receive the exhibits 10 days before the hearing.*

Subsection E.4 addresses the use of expert testimony and lay witness rebuttal testimony. Subsection H memorializes the Commission's policy to provide hearing transcripts, but not deposition transcripts, upon a party's written request.

RULE 11.

BRIEFS

A. Brief Format.

All briefs shall be printed on 8.5" x 11" white paper. The type shall be no smaller than 12 point Times New Roman. All lines must be double-spaced, except for quotations which may be indented and single spaced. There shall be a margin of 1 ½ inches at the top and at the bottom of each page, and 1 inch at each side of each page. The pages shall be numbered at the bottom. Greater leniency is afforded *pro se* claimants in complying with this provision.

Exclusive of any addendum or exhibit, the following page limits apply:

- a. Claimant's opening brief shall not be in excess of 30 pages;
- b. Defendant's responsive brief shall not be in excess of 30 pages;
- c. Claimant's closing brief shall not be in excess of 15 pages;

No brief in excess of these page limits shall be filed without the Commission's prior approval. Any brief that exceeds the page limits without prior approval may be stricken by the Commission.

B. Time for Filing.

The Commission shall grant a request by any party to submit argument by written brief. Unless there appears good cause for establishing an alternate briefing schedule and the Commission so orders, the claimant shall file an opening brief no later than 56 days after the hearing, each defendant shall file a response brief no later than 73 days after the hearing, and the claimant may file a reply brief no later than 83 days after the hearing. As continuances are not favored, the Commission will not grant requests for additional time for filing briefs unless made by motion within the original time allowed and upon a showing of good cause.

C. Citations and Support Required.

Whenever a party refers to deposition testimony or hearing testimony, whether by quoting or paraphrasing, such reference must include a citation to the page or pages and line or lines in the transcript. Whenever a party refers to evidence reflected in an exhibit, such reference must include a citation to the number and page of the exhibit. Whenever a party asserts a point of law, such assertion must be supported by citation to appropriate legal authority, including but not limited to, statutes, case law, or legal treatises. Whenever a brief does not contain the citations and support required by this rule it may be subject to a motion to strike by any party or may be stricken by the Commission on its own motion. Greater leniency is afforded *pro se* claimants in complying with this provision.

D. Copies of Briefs.

An original and four copies of all post-hearing briefs shall be filed with the Commission.

COMMENT: Subsection A establishes uniform formatting for briefs and limits original briefing to 30 pages unless prior approval is obtained.

RULE 12.

DISMISSALS

A. Generally.

Unless good cause is presented, dismissal of a complaint shall be without prejudice.

B. Non-Prosecution.

The Commission may dismiss a complaint without prejudice if no action has been taken on the case for a period of 6 months. Prior to dismissal, the Commission shall give written notice to the parties of the Commission's intent to dismiss the complaint. Any party may, within 21 days of the date of service of the Commission's notice, show cause in writing why the Commission should not dismiss the complaint.

C. Party Filing Complaint.

Unless the interests of justice require otherwise, the Commission shall grant a motion for dismissal when made by the party filing the complaint.

D. Stipulation.

The Commission may, on presentation of sufficient grounds or good cause, dismiss a complaint pursuant to stipulation by the parties.

COMMENTS: Subsection A. Parties may submit several different types of requests to dismiss cases at the Commission. Prior to a final order, dismissal with prejudice is not favored without a showing of good cause.

Subsection C. The dismissal of the complaint by claimant is not automatic under the rule. The Commission is permitted to consider additional circumstances that may warrant the case proceeding through litigation.

Subsection D. A stipulation to dismiss without prejudice between parties represented by counsel will be sufficient for Commission approval. In those situations where both parties are not represented by legal counsel, or the dismissal will be with prejudice, the stipulation must contain sufficient information for the Commission to approve the request.

RULE 13.

DISPOSITION OF EXHIBITS

At any time after the expiration of 21 days from the date within which an appeal may be taken from a decision of the Commission, the Commission may dispose of any exhibits. A party seeking the return of any exhibits offered by that party shall contact the Commission and arrange to reclaim such exhibits prior to expiration of the 21-day period.

***COMMENT:** The Commission has limited storage capacity. Retention of exhibits will be the responsibility of the parties.*

RULE 14.

CHANGE OF ATTORNEY

A. Substitution of Attorney.

The attorney of record for a party may be changed or substituted by notifying the Commission and all parties. Approval by the Commission will not be necessary if both the withdrawing attorney and the new attorney sign the notice. If a new attorney appears in an action, the action shall proceed without delay, unless the Commission finds good cause for delay of the proceedings.

B. Leave to Withdraw.

Except as provided above, or by stipulation between an attorney and his or her client, no attorney may withdraw as an attorney of record without first obtaining approval by the Commission. A request to withdraw shall be made by filing a motion, supported by affidavit, with the Commission and served on all parties to the action, including the client. The Commission may grant leave to withdraw as counsel of record on a showing of a factual basis to establish good cause and on such conditions as will prevent any delay in determination and disposition of the pending action. Notwithstanding this provision, a claimant who intends to terminate the services of his or her attorney of record and to proceed *pro se* may do so by giving written notice to the Commission, the claimant's attorney of record, and all parties that the claimant will no longer be represented by counsel and will represent himself or herself.

C. Notice to Client of Withdrawal.

Following entry of an order permitting withdrawal, the withdrawing attorney shall with due diligence, serve a copy of the order on the attorney's former client and file proof of service of the same with the Commission. Until the order is served on the client, the attorney shall remain counsel of record for the client. The withdrawing attorney shall make such service to the last known address of his or her client. Such service may be made by personal service or by United States mail to the client's last-known address. Service by mail shall be complete on mailing. On entry of an order granting leave to withdraw from an action, no further proceedings can be had in that action which will affect the rights of the client of the withdrawing attorney for a period of 21 days after service or mailing of the order of withdrawal to the parties in the action.

D. Extraordinary Circumstances.

In the event of the death, extended illness, prolonged or unexplained absence, suspension or disbarment from the practice of law of an attorney of record in an action, if such attorney has not associated with another attorney, the Commission may issue an order withdrawing the attorney of record. In such event, no further proceedings can be had in such action that will affect the rights of the party represented by such attorney for a period of 21 days after the order has been served as provided in this rule.

COMMENTS: Subsection A indicates the preference of the Commission for substituting legal counsel to promote continued representation of parties throughout the litigation process. Subsection C emphasizes the continuing responsibility of an attorney to represent his/her client until the order permitting withdrawal is served on the client.

RULE 15.

DECLARATORY RULINGS

A. Purpose.

The Commission provides this format for rulings on the construction, validity, or applicability of any workers' compensation statute, rule, or order.

B. "Person" Defined.

The word "person" whenever used in this rule, shall be construed to mean any person, partnership, governmental agency or department, unincorporated association or society, or other corporation of any character whatsoever. Such a person shall be the petitioner in the proceeding.

C. Contents of Petition.

Whenever any person has an actual controversy over the construction, validity or applicability of a statute, rule, or order, that person may file a written petition with the Commission, subject to the following requirements:

1. The petitioner must expressly seek a declaratory ruling and must identify the statute, rule, or order on which a ruling is requested and state the issue or issues to be decided;
2. The petitioner must allege that an actual controversy exists over the construction, validity or applicability of the statute, rule, or order and must state with specificity the nature of the controversy;
3. The petitioner must have an interest which is directly affected by the statute, rule, or order in which a ruling is requested and must plainly state that interest in the petition; and
4. The petition shall be accompanied by a memorandum setting forth all relevant facts and law in support thereof.

D. Service on Parties.

The petitioner shall serve a copy of the petition on all other persons to the actual controversy at the time the petition is filed with the Commission. All persons so served shall be deemed parties to the declaratory ruling proceeding. A declaratory ruling shall not be binding on persons not made parties to the proceeding.

E. Time for Responses or Replies.

Within 14 days after service of a petition, any party served may file a written response thereto, stating with specificity the facts and the law on which the responding party relies. Within 10 days after service of the response, the petitioner may file a reply. The Commission may shorten or extend the time for filing a response or reply upon the filing of a motion and a

showing of good cause; made within the original time allowed. All such responses or replies shall be served on all other parties.

F. Disposition of Petition.

On receipt of a petition and after the time for filing all responses and replies has passed, the Commission may:

1. On motion of any party, or on its own motion, hold a hearing on the facts and/or law;
2. Conduct such investigation or inquiry as it deems proper, or call for a submission of such facts, evidence, or information as it deems necessary to enable it to make a determination of the issue or issues;
3. Issue a written ruling which shall have the force and effect of a final order or judgment; or
4. Decline to make a ruling when:
 - a. The Commission lacks jurisdiction over the issue or issues presented;
 - b. There is no actual controversy;
 - c. The petitioner would not be directly affected by a resolution of the issue presented;
 - d. The petitioner does not provide sufficient facts or other information on which the Commission may base a ruling;
 - e. The issue on which a determination is sought is or should be the subject of other administrative or civil litigation or appeal; or
 - f. It appears to the Commission that there is other good cause why a declaratory ruling should not be made.

COMMENTS: *Subsection A provides a clear purpose for this rule. Requests for a declaratory ruling from a person who is not a party to an actual controversy shall proceed under the provisions of Idaho Code, Section § 67-5232, and be processed in accordance with the rules promulgated by the Idaho Attorney General at IDAPA 04.11.01.400-409.*

RULE 16.
SANCTIONS

The Commission retains power to impose appropriate sanctions for any violation or abuse of its rules or procedures.

COMMENT: This rule reiterates the ability of the Commission to promote compliance with all aspects of an orderly judicial system.

RULE 17.

MEDIATION

A. Definition.

Mediation is an informal process by which participants voluntarily meet to reach an agreement for a fair settlement of their dispute(s). Each mediation is conducted by a neutral Commission mediator who has experience in resolving disputes. The mediator facilitates the meeting, but does not give legal advice to the participants.

B. Duties of Mediator.

The mediator shall assist the participants in reaching a mutually acceptable resolution of the dispute(s) through discussion and negotiation. The mediator shall be impartial, neutral, and unbiased. The mediator shall make no decisions for the participants. The mediator shall maintain the confidentiality of information obtained in the mediation process and will not testify for any participant should the case proceed to a formal hearing.

C. Request for Mediation.

At any point in the dispute resolution process, a person or party may request mediation of the dispute(s). If the mediation process is agreed by the opposing party, the Commission will schedule the mediation as soon as practicable.

D. Mediation Procedure.

1. An appropriate time and place for mediation will be established through coordination with the Commission. If mediation is held prior to hearing, the hearing date shall not be vacated unless the parties so request and the Commission so orders.
2. A person with full authority to settle the dispute shall participate or be available to participate in mediation proceedings. Any participant may be assisted by another person.
3. Mediation proceedings shall be regarded as settlement negotiations, and no admission, representation, or statement made in mediation, not otherwise discoverable or obtainable, shall be admissible as evidence in any proceeding before the Commission. All communications, whether verbal or written, from the participants to the mediator shall be confidential, unless otherwise agreed by the participants or ordered by an official with appropriate authority to do so.
4. In the event a mediation is conducted without good faith of either party or is vacated or cancelled within 48 hours of the scheduled meeting between the parties

without good cause, sanctions may be imposed against the party responsible for the failure to proceed.

E. Agreement.

If the participants reach an agreement, the parties shall submit a written and signed settlement agreement for approval by the Commission.

COMMENTS: Subsection A defines the mediation process. This rule provides the working mechanism for resolution of issues at the Commission through a structured, but voluntary, mediation program.

Subsection B provides the scope of duties of the mediator in assisting the parties to reach a joint resolution.

Subsection C emphasizes that the mediation process can only be accomplished by the joint agreement of the parties.

Subsection D outlines the procedure to be followed by the participants in the mediation process. Since the mediation process is voluntary, the success of mediation is dependent in a large part on the good faith of each party coming to the mediation with the intention to settle the case. Without such initial commitment, the parties and Commission have expended unnecessary time and costs. Also, the parties need to extend sufficient notice if the mediation cannot go forward. If these common courtesies cannot be met, sanctions are available under paragraph 4.

Subsection E indicates that any agreement of the parties is still subject to approval by the Commission under its statutory responsibility to determine that such settlements are in the best interests of all parties.

RULE 18.

LUMP SUM SETTLEMENT AGREEMENTS

A. Service, Form.

Documents necessary to finalize settlement under this rule shall be filed and a copy served on the other parties. The text of a settlement agreement shall be on 8.5" x 11" white paper and shall identify the attorney or party that prepared it. Supporting documents shall be complete, accurate, legible, and arranged in chronological order, beginning with the earliest date and proceeding to the most recent date; without duplicate submissions. Supporting documents must be on 8.5" x 11" paper. An electronic copy may also be submitted, but shall not substitute for the requirement to provide a paper copy.

B. Standard of Review.

Prior to approving a lump sum settlement, the Commission will review a proposed lump sum settlement to determine whether such settlement is in the best interests of all parties.

C. Requirements.

To ensure the Commission has information on which the Idaho Code §72-404 determination can be made, Defendants (Employer and/or Surety) shall complete the Defendants' Settlement Summary (see Appendix 5A) and shall attach the same as Exhibit A to a proposed lump sum settlement. The settlement shall include an itemization of any and all fees and costs charged by claimant's counsel prior to the submission of the agreement and an itemization of fees and costs to be deducted from the lump sum payment or payments. Claimant's attorney shall complete and submit the Claimant's Attorney Memorandum (see Appendix 5B) before the Commission will consider a lump sum settlement. Claimant's attorney may submit the Claimant's Attorney Memorandum (in .pdf format) via email to: AttorneyFeeMemo@iic.idaho.gov.

D. Effect of Submission and Hearings.

The submission of a proposed lump sum settlement or agreement shall not be considered a motion. If the Commission declines to approve a proposed lump sum settlement agreement, the Commission may request additional relevant information, or on its own motion or on the motion of a party to the agreement schedule a hearing limited to the issue of whether the lump sum settlement and discharge of one or more defendants is in the best interest of all parties. There is no appeal from the Commission's decision.

COMMENT: Paragraph D reflects the administrative process in reviewing proposed lump sum settlement agreements. If not initially approved, the parties may still submit additional information for consideration by the Commission. Also, an administrative hearing is available to the parties for presentation of relevant information for the Commission to consider in reviewing the lump sum settlement proposal.

RULE 19.

DISPUTES BETWEEN PROVIDERS AND PAYORS

A. Scope.

By virtue of the authority vested in the Commission pursuant to Idaho Code §§ 72-508 and 72-707, the Industrial Commission of the State of Idaho hereby adopts this judicial rule of procedure governing the resolution of disputes between providers and payors.¹ A "dispute" means a disagreement between a provider and a payor over whether any charge for medical services is acceptable pursuant to the provisions of the administrative regulation applicable at the time a charge was incurred.² The definitions set forth in IDAPA 17.02.09.030 are incorporated by reference as if fully set forth herein.

B. Compliance Prerequisite.

In order to commence the dispute resolution process, a provider must have complied with the applicable procedures preliminary to dispute resolution set forth in IDAPA 17.02.09.034.

C. Service.

Required documents shall be filed and served by mail, fax, or personal delivery.

D. Review.

The Commission will use this dispute resolution process to determine whether the provider's charge is acceptable pursuant to the provisions of IDAPA 17.02.09.031 – 033.

E. Dispute Resolution Process.

1. Pleadings.

- a. **Provider** - If a provider has received from a payor a final objection to all or part of a provider's bill, or if 45 days have passed from the date provider sent the bill without response from payor, the provider may file with the Commission and serve on the payor a request for approval of the disputed charge. If a payor has finally objected to more than one charge in a single billing, the provider may seek approval of all such charges in a single motion.

1. This Judicial Rule stands on its own and does not incorporate by reference any other Judicial Rule promulgated by this Commission.

2. This process shall be used solely for resolving disputes between providers and payors over whether any charge for medical services is acceptable pursuant to the provisions of the administrative regulation applicable at the time a charge was incurred. It shall not be used to resolve disputes regarding the reasonableness, necessity or appropriateness of medical treatment. Reasonableness of treatment includes such issues as whether the number, provider, type or style of treatments is appropriate. Those issues may be raised by means of a Complaint filed with the Commission.

- (i) **Form.** The provider shall file such request on the form provided in Appendix 6A and attach thereto affidavits or other documents evidencing facts sufficient to show that the charge in dispute is acceptable pursuant to the applicable regulation. If the dispute is over a charge that does not have a CPT code or a conversion factor, the Provider will provide evidence of the provider's usual charge for that medical service to non-industrially injured patients.
 - (ii) **Timing.** Such request must be filed with the Commission and served on the payor within 30 calendar days of the date the provider receives the payor's final objection, or within 90 days from the date provider sent the bill to payor if payor has not responded. A provider's failure to timely file a request for the disputed charge shall forever bar the provider from seeking the Commission's approval of any charge as to which a final objection has been made.
- b. **Payor -** A payor served with a request for the disputed charge shall file a response with the Commission, together with affidavits and/or other documents evidencing facts sufficient to show that the charge in dispute is not acceptable pursuant to the applicable regulation. The response and accompanying documents shall be served on the provider within 21 calendar days of the date it receives the provider's motion. If no response is filed and served within the time provided herein, the Commission shall enter a default in favor of the provider and the charges will be deemed acceptable.

2. **Commission Staff Review.**

When the time for filing a response has passed, the Commission shall refer all pleadings and supporting documents filed by the parties to a Commission staff member or members for administrative review and disposition.

- a. **Review.** The Commission's staff shall review the pleadings and supporting documents as well as all other relevant information. The weight to be placed on any evidence considered by the Commission's staff shall be solely within the staff's independent judgment.
- b. **Administrative Order.** The Commission staff will issue an administrative order ruling on the motion for disputed charge. The administrative order shall state the reasons therefor and shall be filed with the Commission and served on all parties.
- c. **Compensation for Costs and Expenses.** If Provider's motion disputing CPT or MS-DRG coded items prevails, an additional thirty percent (30%) shall be added to the amount found by the Commission to be owed as compensation for Provider's costs and expenses associated with using the dispute resolution process as set forth in IDAPA 17.02.09.034.10.

In the case of a prevailing motion disputing items without CPT or MS-DRG codes, the additional thirty percent (30%) shall be due only if the Payor does not pay the amount owed within thirty (30) days after the date of the Administrative Order.

The provider shall give written notice to the Commission that the Administrative Order remains unpaid after thirty (30) days. The written notice is to be copied to the in-state insurance adjuster and/or self-insured employer, whichever is appropriate.

The Commission will await a response from Payor for five business days to allow confirmation that payment was properly made. After such time has expired without payment confirmation, the Commission shall issue a Second Administrative Order to the Payor awarding the additional 30% penalty amount.

3. **Reconsideration.**

a. **De Novo Review.** Any party aggrieved by the administrative order issued by the Commission staff may, within 20 days of the date the administrative order is entered, file for reconsideration seeking *de novo* review by the Industrial Commission, stating with specificity the reason(s) therefor and shall serve a copy on the opposing party. The other party shall have 10 days to file a response to the motion, and the aggrieved party shall have 5 days to file a reply to the response. On filing for reconsideration, and where the Commission determines that the interests of justice will be served by further review, the Commission may conduct a *de novo* review of the record to determine whether the interests of justice have been served by the administrative order, or may remand the matter to Commission staff for *de novo* consideration and entry of an additional administrative order.

(i) **Record.** The record shall include all pleadings and exhibits filed with the Commission, any other information relied on by the Commission staff, and the administrative order.

b. **Opportunity to Present Additional Evidence.**

(i) Any party desiring to submit additional evidence must submit it with the reconsideration or response thereto. Additional evidence may not be submitted with a reply to a response. The party submitting the evidence must demonstrate good cause why the evidence was not submitted with the motion for disputed charge. Good cause will be based on whether the evidence was newly discovered or not available when the motion for a disputed charge was submitted, or excusable

neglect. If the party fails to show good cause, the evidence will not be considered.

(ii) The Commission shall issue an order ruling on a request to augment the record. If the Commission grants such request, it shall establish a schedule and method whereby such additional evidence may be presented.

c. **Order.** After a *de novo* review of the record and, where applicable, review of additional evidence, the Commission shall issue an order on the reconsideration.

RULE 20.

CHANGE OF PHYSICIAN

A. Legal Authority.

Rule 20 is established and adopted by the Commission pursuant to Idaho Code § 72-432(4).

B. Definitions.

1. The terms "petition," "written notice," "employee's request," and "claimant's request" as used in Idaho Code § 72-432(4) have the same meaning and shall refer to the Petition for Change of Physician (Petition) as described herein.
2. The terms "written decision" and "response" as used in Idaho Code § 72-432(4) have the same meaning and shall refer to the Response to Petition for Change of Physician (Response) as described herein.
3. The term "employee" shall refer to an employee or an authorized representative thereof.
4. The term "employer" shall refer to the employer, surety, or authorized representative thereof.

C. Filing and Service.

1. Any documents required by this rule to be filed and/or served on a party and/or the Commission shall be so filed or served by mail, by fax machine, or by personal delivery. Such documents shall be sent to the last known address of the person receiving the document.
2. Proof of service shall be accomplished by a certificate of service from the serving party indicating the type of document served, the method of service, name and address of the person receiving service, and the date the document was either mailed, transmitted by fax, or personally delivered.
3. Service by mail shall be presumed to be accomplished 3 days after the date of mailing, unless otherwise shown by the receiving party.

D. Attorney Representation.

For purposes of this rule, the provisions of JRP Rule 2, requiring representation by an attorney shall apply.

E. Petition.

In order to request a change of physician within the meaning of Idaho Code § 72-432(4), the employee must serve a Petition on the employer or surety. The Petition may be served at any time, regardless of whether a complaint has been filed pursuant to JRP Rule 3.A. If a complaint and answer have been filed and the employer/surety is represented by an attorney, the Petition shall be served on said attorney. A copy of the Petition shall be provided to the Commission. The Petition shall be in writing and submitted in a format substantially similar to the form provided in Appendix 7A.

1. The Petition shall be signed by the employee and shall contain the following information:
 - a. Name and address of the employee;
 - b. Name and address of the employer;
 - c. Name and address of surety (if known);
 - d. Name and address of current physician;
 - e. Name and address of physician to whom change is being requested;
 - f. General information (including date, place, and circumstances of injury/disease);
 - g. Summary statement of the medical treatment received to date;
 - h. Reason change of physician is requested; and
 - i. Dates available for hearing within the next 30 days.
2. The employee may attach to the Petition legible and accurate copies of any documentation supporting the request for change of physician. Whether such documents are accepted into evidence is solely within the discretion of the Commission.

F. Response.

The employer shall respond to the Petition within 14 days from the date of service thereof. The Response shall be in writing and be submitted in a format substantially similar to the form provided in Appendix 7B.

1. The Response shall be signed by the employer and shall contain the following information:

- a. Name and address of the employer;
 - b. Name and address of the surety;
 - c. Name and address of the employee;
 - d. Indicate whether the Petition is approved or denied;
 - e. If denied, for reasons other than that no further medical treatment is reasonable or necessary: (1) a statement of the reasons for the denial; and (2) dates available for hearing within the next 14 days.
2. The employer may attach to the Response legible and accurate copies of any documentation supporting the Response. Whether such documents are accepted into evidence is solely within the discretion of the Commission.
 3. If the Petition is approved by the employer, the employer shall provide its Response to the Commission. A copy of the Response shall be served on the employee. The parties shall act in accordance with such approval without further action by the Commission.
 4. If a copy of the Petition has been filed with the Commission and is denied by the employer, the employer shall file its Response with the Commission. A copy of the Response shall be served on the employee. On receipt of the Response, the Commission shall deem the Petition filed and the matter in dispute. However, if the employer denies the Petition on the basis that further medical treatment is not reasonable or necessary, the Commission will dismiss the Petition and notify the employee that the matter must be pursued through the complaint process.
 5. Default. If the employer does not respond within 14 days from the date the petition was received and the employee desires a default order, the employee shall file a written statement that there has been no response to the Petition and attach a copy of the certificate of service of the petition. On receipt of these documents, the Commission shall issue an order granting the Petition. A copy of the order shall be served by the Commission on the parties.

G. Expedited Hearing.

No hearing will be conducted if the Response denies the Petition on the basis that further medical treatment is not reasonable or necessary. Claimants receiving such a denial must instead pursue their claims through the complaint process.

If the Response denies the Petition for other reasons, the Commission shall conduct an expedited hearing within 14 days of the filing of the Response to determine whether or not the Petition should be granted. The following guidelines govern such hearings:

1. Presiding Officer. The hearing shall be conducted by a Referee or one or more of the Commissioners.
2. Hearing. The hearing shall be conducted in person or by telephone conference, at the convenience of the Commission. If conducted by telephone conference, the call shall be initiated by the presiding officer.
3. Notice. Notice of the presiding officer(s) method, time, and place of the hearing shall be given to the parties as soon as practicable.
4. Evidence. Exhibits, affidavits, depositions, and other documentation offered into evidence must be submitted to the Commission, and copies served on the opposing party, at least 48 hours prior to the hearing. The parties shall be afforded the opportunity to present witnesses.
5. Extensions. The time limits described herein shall not be extended.
6. Waiver. The hearing may be waived on stipulation of the parties. In that event, the decision of the Commission will be based on the written information provided to the Commission prior to the scheduled hearing.

H. Decision.

The Commission shall issue a decision following the hearing, or waiver thereof, but in no event more than 14 days after the filing of the Response.

1. Basis. The employee bears the burden of establishing reasonable grounds to grant the Petition. Reasonable grounds shall be determined from the pertinent facts and circumstances presented by the parties, and is a factual determination solely within the discretion of the Commission.
2. Appeals. The decision shall not be subject to review or appeal until all issues in the case have been determined by the Commission.

I. Alternative Procedure.

The above procedure shall not be deemed exclusive. An employee may pursue a change of physician through the application for hearing process described in Idaho Code § 72-706.

COMMENTS: Subsection D applies the attorney representation requirements of JRP Rule 2 to Change of Physician proceedings.

RULE 21.

EFFECTIVE DATE

These rules shall be updated and effective on and after May 8, 2013.

WORKERS' COMPENSATION COMPLAINT

CLAIMANT'S (INJURED WORKER'S) NAME AND ADDRESS		CLAIMANT'S ATTORNEY'S NAME, ADDRESS, AND TELEPHONE NUMBER	
TELEPHONE NUMBER		WORKERS' COMPENSATION INSURANCE CARRIER'S (NOT ADJUSTOR'S) NAME AND ADDRESS	
EMPLOYER'S NAME AND ADDRESS (at time of injury)			
CLAIMANT'S SOCIAL SECURITY NO.	CLAIMANT'S BIRTHDATE	DATE OF INJURY OR MANIFESTATION OF OCCUPATIONAL DISEASE	
STATE AND COUNTY IN WHICH INJURY OCCURRED		WHEN INJURED, CLAIMANT WAS EARNING AN AVERAGE WEEKLY WAGE OF: \$ _____, PURSUANT TO IDAHO CODE § 72-419	

DESCRIBE HOW INJURY OR OCCUPATIONAL DISEASE OCCURRED (WHAT HAPPENED)

NATURE OF MEDICAL PROBLEMS ALLEGED AS A RESULT OF ACCIDENT OR OCCUPATIONAL DISEASE

WHAT WORKERS' COMPENSATION BENEFITS ARE YOU CLAIMING AT THIS TIME?

DATE ON WHICH NOTICE OF INJURY WAS GIVEN TO EMPLOYER

TO WHOM NOTICE WAS GIVEN

HOW NOTICE WAS GIVEN

ORAL

WRITTEN

OTHER, PLEASE SPECIFY

ISSUE OR ISSUES INVOLVED

DO YOU BELIEVE THIS CLAIM PRESENTS A NEW QUESTION OF LAW OR A COMPLICATED SET OF FACTS? YES NO IF SO, PLEASE STATE WHY.

**NOTICE: COMPLAINTS AGAINST THE INDUSTRIAL SPECIAL INDEMNITY FUND MUST BE IN ACCORDANCE
WITH IDAHO CODE § 72-334 AND FILED ON FORM I.C. 1002**

WHAT MEDICAL COSTS HAVE YOU INCURRED TO DATE?

WHAT MEDICAL COSTS HAS YOUR EMPLOYER PAID, IF ANY? \$

WHAT MEDICAL COSTS HAVE YOU PAID, IF ANY? \$

I AM INTERESTED IN MEDIATING THIS CLAIM, IF THE OTHER PARTIES AGREE.

YES NO

DATE

SIGNATURE OF CLAIMANT OR ATTORNEY: _____

TYPE OR PRINT NAME: _____

**PLEASE ANSWER THE SET OF QUESTIONS IMMEDIATELY BELOW
ONLY IF CLAIM IS MADE FOR DEATH BENEFITS**

NAME AND SOCIAL SECURITY NUMBER OF PARTY
FILING COMPLAINT

DATE OF DEATH

RELATION TO DECEASED CLAIMANT

WAS FILING PARTY DEPENDENT ON DECEASED?

YES NO

DID FILING PARTY LIVE WITH DECEASED AT TIME OF ACCIDENT?

YES NO

CLAIMANT MUST COMPLETE, SIGN AND DATE THE ATTACHED MEDICAL RELEASE FORM

CERTIFICATE OF SERVICE

I hereby certify that on the ____ day of _____, 20____, I caused to be served a true and correct copy of the foregoing Complaint upon:

EMPLOYER'S NAME AND ADDRESS

SURETY'S NAME AND ADDRESS

via: personal service of process

regular U.S. Mail

via: personal service of process

regular U.S. Mail

Signature

Print or Type Name

NOTICE: An Employer or Insurance Company served with a Complaint must file an Answer on Form I.C. 1003 with the Industrial Commission within 21 days of the date of service as specified on the certificate of mailing to avoid default. If no answer is filed, a Default Award may be entered!

Further information may be obtained from: Industrial Commission, Judicial Division, P.O. Box 83720, Boise, Idaho 83720-0041 (208) 334-6000.

Patient Name: _____

Birth Date: _____

Address: _____

Phone Number: _____

SSN or Case Number: _____

<i>(Provider Use Only)</i>	
Medical Record Number:	_____
<input type="checkbox"/> Pick up Copies	<input type="checkbox"/> Fax Copies # _____
<input type="checkbox"/> Mail Copies	
ID Confirmed by:	_____

AUTHORIZATION FOR DISCLOSURE OF HEALTH INFORMATION

I hereby authorize _____ to disclose health information as specified:
Provider Name – must be specific for each provider

To: _____
Insurance Company/Third Party Administrator/Self Insured Employer/ISIF, their attorneys or patient’s attorney

_____ Street Address

_____ City State Zip Code

Purpose or need for data: _____
(e.g. Worker’s Compensation Claim)

Information to be disclosed: _____ Date(s) of Hospitalization/Care: _____

- Discharge Summary
- History & Physical Exam
- Consultation Reports
- Operative Reports
- Lab
- Pathology
- Radiology Reports
- Entire Record
- Other: Specify _____

I understand that the disclosure may include information relating to (check if applicable):

- AIDS or HIV
- Psychiatric or Mental Health Information
- Drug/Alcohol Abuse Information

I understand that the information to be released may include material that is protected by Federal Law (45 CFR Part 164) and that the information may be subject to redisclosure by the recipient and no longer be protected by the federal regulations. I understand that this authorization may be revoked in writing at any time by notifying the privacy officer, except that revoking the authorization won’t apply to information already released in response to this authorization. I understand that the provider will not condition treatment, payment, enrollment, or eligibility for benefits on my signing this authorization. Unless otherwise revoked, this authorization will expire upon resolution of worker’s compensation claim. Provider, its employees, officers, copy service contractor, and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized by me on this form and as outlined in the Notice of Privacy. My signature below authorizes release of all information specified in this authorization. Any questions that I have regarding disclosure may be directed to the privacy officer of the Provider specified above.

Signature of Patient *Date*

Signature of Legal Representative & Relationship to Patient/Authority to Act *Date*

Signature of Witness *Title* *Date*

**WORKERS' COMPENSATION
COMPLAINT AGAINST THE
INDUSTRIAL SPECIAL INDEMNITY FUND (ISIF)**

CLAIMANT'S NAME AND ADDRESS	CLAIMANT'S ATTORNEY'S NAME AND ADDRESS
EMPLOYER'S NAME AND ADDRESS	EMPLOYER'S ATTORNEY'S NAME AND ADDRESS
I.C. NUMBER OF CURRENT CLAIM	WORKERS' COMPENSATION INSURANCE CARRIER'S (NOT ADJUSTER'S) NAME AND ADDRESS
DATE OF INJURY	

NATURE AND CAUSE OF PHYSICAL IMPAIRMENT PRE-EXISTING CURRENT INJURY OR OCCUPATIONAL DISEASE:

STATE WHY YOU BELIEVE THAT THE CLAIMANT IS TOTALLY AND PERMANENTLY DISABLED:

DATE _____ SIGNATURE OF PARTY OR ATTORNEY: _____
PRINT OR TYPE NAME: _____

CERTIFICATE OF SERVICE

I hereby certify that on the _____ day of _____, 20____, I caused to be served a true and correct copy of the foregoing Complaint upon:

Manager, ISIF PO Box 83720 via: personal service of process
Dept. of Administration Boise, Idaho 83720-7901 regular U.S. Mail

Claimant's Name _____ via: personal service of process
 regular U.S. Mail

Address _____

Employer's Name _____ via: personal service of process
 regular U.S. Mail

Address _____

Surety's Name _____ via: personal service of process
 regular U.S. Mail

Address _____

I have not served a copy of the Complaint upon anyone.

NOTICE: Pursuant to the provisions of Idaho Code § 72-334, a notice of claim must first be filed with the Manager of ISIF not less than 60 days prior to the filing of a complaint against ISIF.

If a Complaint against the employer is outstanding, you must attach a copy of Form IC 1001 Workers' Compensation Complaint, to this document.
An Answer must be filed on Form IC 1003 within 21 days of service in order to avoid default.

ANSWER TO COMPLAINT

I.C. NO. _____

INJURY DATE _____

The above-named employer or employer/surety responds to Claimant's Complaint by stating:

The Industrial Special Indemnity Fund responds to the Complaint against the ISIF by stating:

CLAIMANT'S NAME AND ADDRESS	CLAIMANT'S ATTORNEY'S NAME AND ADDRESS
EMPLOYER'S NAME AND ADDRESS TELEPHONE NUMBER	WORKERS' COMPENSATION INSURANCE CARRIER'S (NOT ADJUSTOR'S) NAME AND ADDRESS
ATTORNEY REPRESENTING EMPLOYER OR EMPLOYER/SURETY (NAME AND ADDRESS)	ATTORNEY REPRESENTING INDUSTRIAL SPECIAL INDEMNITY FUND (NAME AND ADDRESS)

IT IS: (Check One)	
Admitted	Denied

1. That the accident or occupational exposure alleged in the Complaint actually occurred on or about the time claimed.
2. That the employer/employee relationship existed.
3. That the parties were subject to the provisions of the Idaho Workers' Compensation Act.
4. That the condition for which benefits are claimed was caused partly entirely by an accident arising out of and in the course of Claimant's employment.
5. That, if an occupational disease is alleged, manifestation of such disease is or was due to the nature of the employment in which the hazards of such disease actually exist, are characteristic of and peculiar to the trade, occupation, process, or employment.
6. That notice of the accident causing the injury, or notice of the occupational disease, was given to the employer as soon as practical, but not later than 60 days after such accident or 60 days of the manifestation of such occupational disease.
7. That the rate of wages claimed is correct. If denied, state the average weekly wage pursuant to Idaho Code, § 72-419: \$ _____.
8. That the alleged employer was insured or approved as self-insured under the Idaho Workers' Compensation Act.

9. What benefits, if any, do you concede are due Claimant?

(Continued from front)

10. State with specificity what matters are in dispute and your reason for denying liability, together with any affirmative defenses.

Under the Commission rules, you have 21 days from the date of service of the Complaint to answer the Complaint. A copy of your Answer must be mailed to the Commission and a copy must be served on all parties or their attorneys by regular U.S. mail or by personal service of process. Unless you deny liability, you should pay immediately the compensation required by law, and not cause the claimant, as well as yourself, the expense of a hearing. All compensation which is concededly due and accrued should be paid. Payments due should not be withheld because a Complaint has been filed. Rule 3.D., Judicial Rules of Practice and Procedure under the Idaho Workers' Compensation Law, applies. Complaints against the Industrial Special Indemnity Fund must be filed on Form I.C. 1002.

I AM INTERESTED IN MEDIATING THIS CLAIM, IF THE OTHER PARTIES AGREE. YES NO

DO YOU BELIEVE THIS CLAIM PRESENTS A NEW QUESTION OF LAW OR A COMPLICATED SET OF FACTS? IF SO, PLEASE STATE.

Amount of Compensation Paid to Date			Dated	Signature of Defendant or Attorney
PPI/PPD	TTD	Medical		
				Print or Type Name

PLEASE COMPLETE

CERTIFICATE OF SERVICE

I hereby certify that on the ____ day of _____, 20____, I caused to be served a true and correct copy of the foregoing Answer upon:

CLAIMANT'S NAME AND ADDRESS

EMPLOYER AND SURETY'S
NAME AND ADDRESS

INDUSTRIAL SPECIAL INDEMNITY FUND
(if applicable)

via: personal service of process
 regular U.S. Mail

via: personal service of process
 regular U.S. Mail

via: personal service of process
 regular U.S. Mail

Signature

Type or Print Name

**OFFICER'S COMPLAINT FOR CONTINUATION OF SALARY BENEFIT
UNDER
PEACE OFFICER & DETENTION OFFICER
TEMPORARY DISABILITY ACT
(Idaho Code § 72-1101, *et seq.*)**

(Idaho Code § 72-1101, *et seq.*)

1. Complaining Officer (Name, Address and Telephone Number):	1a. Officer's Attorney (Name, Address and Telephone Number. If no attorney, write "NONE."):
2. Employer (Name, Address and Telephone Number):	2a. Employer's Attorney (Name, Address and Telephone Number. If no attorney, write "NONE."):
3. Officer's Social Security Number:	4. Officer's Birth date:
5. Date & Place of Injury:	
6. Describe how injury occurred (what happened):	
7. Start date and amount of workers' compensation weekly wage loss benefit being paid for this injury:	8. Average weekly wage (Gross & Net) being paid by Employer at the time of this injury:
<p>9. Explain how the Officer's injury:</p> <ol style="list-style-type: none"> 1. was incurred in the performance of the Officer's duties; when: <ol style="list-style-type: none"> a. responding to an emergency, or, b. in the pursuit of an actual or suspected violator of the law, or c. the injury was caused by the actions of another person after July 1, 2012 and before July 1, 2015, and by reason thereof, 2. the Officer is temporarily incapacitated from performing the Officer's duties, and 3. qualifies the Officer for workers' compensation wage loss benefits under title 72, Idaho Code. 	
[Attach additional sheets as needed. Identify continuation of responses by Section Number. Number of additional sheets attached: _____.]	
Date Signed:	Signature of Officer or Attorney:
<p>CERTIFICATE OF SERVICE</p> <p>I certify that on the ____ day of _____, 20__, I served a copy of this Complaint upon the __ Employer or __ Employer's Attorney by either: ____ personal service or ____ regular U.S. Mail at their address in § 2 or 2a, above. X _____</p> <p>Print Name: _____</p>	

NOTICE: AN EMPLOYER SERVED WITH A COPY OF THIS COMPLAINT MUST FILE AN ANSWER WITH THE INDUSTRIAL COMMISSION WITHIN 21 DAYS TO AVOID ENTRY OF DEFAULT JUDGMENT. AN EMPLOYEE COMPLAINT FOR WORKERS' COMPENSATION BENEFITS MUST BE FILED SEPARATELY WITH THE INDUSTRIAL COMMISSION USING IC FORM 1001 (WORKERS' COMPENSATION COMPLAINT).

ANSWER TO OFFICER'S COMPLAINT FOR CONTINUATION OF SALARY BENEFIT
 UNDER
 PEACE OFFICER & DETENTION OFFICER
 TEMPORARY DISABILITY ACT
 (Idaho Code § 72-1101, *et seq.*)

I.C. NO. _____

INJURY DATE _____

The employer or employer/surety named below responds to the Officer's Complaint by stating:

COMPLAINING OFFICER'S NAME AND ADDRESS	OFFICER'S ATTORNEY'S NAME AND ADDRESS
EMPLOYER'S NAME AND ADDRESS TELEPHONE NUMBER:	WORKERS' COMPENSATION INSURANCE CARRIER'S (NOT ADJUSTOR'S) NAME AND ADDRESS
ATTORNEY REPRESENTING EMPLOYER OR EMPLOYER/SURETY (NAME AND ADDRESS)	

IT IS: (Check One)	
Admitted	Denied

1. That the Complaining Officer qualifies as a peace officer or detention officer as defined under Idaho Code § 72-1101 *et seq.*
2. That the Officer qualifies for workers' compensation wage loss benefits for this injury under title 72, Idaho Code .
3. That the Officer's injury was incurred in the performance of his or her duties as an Officer .
4. That the Officer's injury was incurred when responding to an emergency .
5. That the Officer's injury was incurred in the pursuit of an actual or suspected violator of the law.
6. That the Officer's injury was caused by the actions of another person after July 1, 2012 and before July 1, 2015.
7. That the Officer is temporarily incapacitated from performing his or her duties as an Officer.
8. That the average weekly wage claimed by the Officer is correct. If denied, state the average weekly wage pursuant to Idaho Code § 72-419: \$ _____.

(Continued from front)

9. State with specificity what matters are in dispute and your reason for denying liability, together with any affirmative defenses.

Under the Commission rules, you have 21 days from the date of service of the Complaint to answer the Complaint. A copy of your Answer must be mailed to the Commission and a copy must be served on all parties or their attorneys by regular U.S. mail or by personal service of process. Unless you deny liability, you should pay immediately the compensation required by law, and not cause the claimant, as well as yourself, the expense of a hearing. All compensation which is concededly due and accrued should be paid. Payments due should not be withheld because a Complaint has been filed. Rule 3.D., Judicial Rules of Practice and Procedure under the Idaho Workers' Compensation Law, applies.

DO YOU BELIEVE THIS CLAIM PRESENTS A NEW QUESTION OF LAW OR A COMPLICATED SET OF FACTS? IF SO, PLEASE STATE.

Amount of Wage Loss Benefits Paid to Date for this injury

Dated

Signature of Defendant or Attorney

PLEASE COMPLETE

CERTIFICATE OF SERVICE

I hereby certify that on the ____ day of _____, 20____, I caused to be served a true and correct copy of the foregoing Answer upon:

OFFICER'S NAME AND ADDRESS

EMPLOYER AND SURETY'S NAME AND ADDRESS

via: personal service of process
 regular U.S. Mail

via: personal service of process
 regular U.S. Mail

Signature

Type or Print Name

DEFENDANTS' SETTLEMENT SUMMARY

IC # _____

1. Average Weekly Wage \$ _____

2. Past Medical
Total Paid \$ _____

3. Past Indemnity

TTD From	Thru	wks	days	@rate/wk	\$ Conceded/Owed	\$ Paid	Balance or Overpymt (O-P)
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

TPD From	Thru	wks	days	\$ Conceded/Owed	\$ Paid	Balance or O-P
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

PPI %	Level	wks	days	@rate/wk	\$ Conceded/Owed	\$ Paid	Balance or O-P
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Other (Description: _____)

\$ Amt	From	Thru	wks	days	@rate/wk	\$ Conceded/ Owed	\$ Paid	Balance or O-P
_____	_____	_____	_____	_____	_____	_____	_____	_____

Grand Total **\$ Conceded** **\$ Paid** **Balance or O-P**

4. Net overpayment waived: \$ _____

5. Handling of Underpayment:
a. Underpayment subsumed in settlement consideration: \$ _____
b. Underpayment to be paid per settlement: \$ _____

6. Consideration, exclusive of any underpayment identified in 5(b), above, to be paid in LSS, in addition to amounts previously paid to resolve disputed issues: \$ _____

7. Amount payable by surety upon approval of LSS: \$ _____

8. Pro se phone number: _____

9. If right to future medical is resolved by settlement, have you considered Medicare's interest as a secondary payor?
See, 42 U.S.C. § 1395y(b)(2). No Yes

10. Additional explanation (Subrogation? Annuity? Etc.): _____

CLAIMANT'S ATTORNEY MEMORANDUM

I. CLAIM INFORMATION

CLAIMANT:		EMPLOYER:	
IC# (primary):	SURETY:	DOB:	
Date of Accident/Injury (Primary):	TPA/Claim Administrator:		
Date of Manifestation of Occ Disease:	Nature of Injury or OD:		
CLAIMANT ATTORNEY:		Phone #:	Date Retained:
Retainer Agreement and Disclosure Statement Attached? <input type="checkbox"/> No <input type="checkbox"/> Yes		DEFENDANT ATTORNEY:	
Future Medical to remain open after settlement? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If right to future medical is resolved by settlement, have you considered Medicare's interest as a secondary payor? See, 42 U.S.C. § 1395y(b)(2). <input type="checkbox"/> No <input type="checkbox"/> Yes			
Issues undisputed at time of retention of Claimant's Attorney:		Dollar value of same:	
Disputes resolved by settlement (succinct bullet points):			
Non-Medical factors (Brief narrative, to include current employment status):			
Permanent Limitations / Restrictions (list the final given by each med provider):			

II. ATTORNEY FEES AND COSTS – PRIOR TO LUMP SUM SETTLEMENT

- A. Were Attorney fees taken on benefits paid prior to date of LSS execution? No Yes
 If so, identify all benefits from which past fees were taken and describe what you did to "primarily or substantially" secure the same.

Benefit type	\$ Amount	Date from	Date to	Brief narrative describing what you did to secure this benefit	Amt of fee	Supporting docs attach'd?

- B. Were Costs taken on benefits paid prior to date of LSS execution? yes If so, itemize the same:

Nature of Services/product	\$ Amt

III. ATTORNEY FEES AND COSTS – PROPOSED

- A. Gross amount payable to claimant on approval of LSS \$
 B. The amount of the fund secured primarily or substantially out of which the attorney seeks to be paid \$
 C. Proposed attorney fee payable on approval of LSS \$

- D. What did counsel do to “primarily or substantially” secure the fund from which fees will be taken? (brief narrative)
- E. Additional costs to be paid from settlement proceeds:

Nature of Services/product	\$ Amt

IV. DISPUTED MEDICALS

Are there any disputed past medical bills, responsibility for which is resolved by this settlement? No Yes

If so, itemize and describe treatment proposed for same in the table below:

Provider	Paid by 3 rd party with claim of subrogation?	\$ Amt of invoiced bill, or, if “Yes” to prior, amt actually paid by 3 rd party.	If “Yes”, name of 3 rd party.	Compromised amount payable	Who will pay?
	<input type="checkbox"/> No <input type="checkbox"/> Yes				
	<input type="checkbox"/> No <input type="checkbox"/> Yes				
	<input type="checkbox"/> No <input type="checkbox"/> Yes				

If Claimant is to pay disputed/unpaid medical bills to the provider, has the Claimant been counseled about possible consequences of not doing so? No Yes

Has each subrogated 3rd party payor been contacted concerning the satisfaction of its contractual right of subrogation? No Yes None

If “Yes”, describe the outcome:

V. 72-802 ISSUES

Does any creditor assert a claim against the settlement, or has any prior assignment of the settlement been made? No Yes

If so, describe nature of alleged claim, and attach copy of the contract.

VI. ADDITIONAL EXPLANATION, IF REQUIRED:

Name of party Submitting

Address of party Submitting

Phone of party Submitting

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

_____)	
Provider,)	MOTION FOR APPROVAL
)	OF DISPUTED CHARGE
v.)	
)	
_____)	PATIENT:
Payor.)	DATE(S) OF SERVICE:
_____)	DISPUTED AMOUNT: \$

Comes now _____, Provider, pursuant to Rule 19, JRP, and requests the Industrial Commission of the State of Idaho for an order approving the fees for health care services set forth in Appendix "A" attached hereto, which fees have been disputed. Payor has twenty-one (21) calendar days from the date it receives this request to file its response. Rule 19, JRP.

Documents submitted in support of this motion are attached hereto and include the following:

1. Appendix A (List of Disputed Charges)
- 2.
- 3.
- 4.
- 5.

DATED this _____ day of _____, 20____.

Provider or Agent

Print or Type Name

CERTIFICATE OF SERVICE

I hereby certify that on the _____ day of _____, 20____, a true and correct copy of this Motion was served upon each of the following, as noted:

IDAHO INDUSTRIAL COMMISSION
MEDICAL FEE DISPUTE COORDINATOR
PO BOX 83720
BOISE ID 83720-0041

US Mail _____
Hand Delivery _____
Fax _____

Payor's Address:

US Mail _____
Hand Delivery _____
Fax _____

Provider or Agent Signature

Print or Type Name

**APPENDIX A
MOTION FOR APPROVAL OF DISPUTED CHARGE**

Date of Service	CPT Code / Item Description (CPT Code is preferred)	Amount Billed	Amount Paid	Amount Objected to
TOTALS	(expand as necessary)			

PETITION FOR CHANGE OF PHYSICIAN

Employee Name and Address: Telephone Number: Social Security Number:	Employer Name and Address:
Current Physician and Address:	Surety Name and Address (if known):
Requested Physician and Address:	Additional Information or Documentation Attached (Circle One): No <input type="checkbox"/> Yes <input type="checkbox"/>

Date of Injury/Disease: _____

Medical Treatment to Date: _____

Reason for Change: _____

Hearing Date/Time Availability Next 30 Days: _____

If the employer/surety responds that no further medical treatment is reasonable or necessary, then you must instead pursue your claim through the complaint process. You will be notified by mail if this is the case, and no hearing will be set.

Date: _____ Signature: _____

Typed/Printed Name: _____

ORIGINAL TO EMPLOYER OR SURETY

Copy to Idaho Industrial Commission, 700 South Clearwater Lane, PO Box 83720, Boise, ID 83720-0041, or fax to 208-332-7558.

CERTIFICATE OF SERVICE

I hereby certify that on the ____ day of _____, 20____, I caused to be served the Original Petition for Change of Physician upon either the following Employer or its Surety:

EMPLOYER’S NAME AND ADDRESS

SURETY’S NAME AND ADDRESS

OR

via:

via:

() Personal Service of Process

() Personal Service of Process

() Regular U. S. Mail

() Regular U.S. Mail

I also hereby certify that on the ____ day of _____, 20____, I caused to be served a true and correct copy of the foregoing Petition for Change of Physician upon:

Idaho Industrial Commission
700 South Clearwater Lane
Post Office Box 83720
Boise, Idaho 83720-0041

via: () Personal Service of Process

() Regular U. S. Mail

() Faxed to 208-332-7558

Signature

Typed or Printed Name

RESPONSE TO PETITION FOR CHANGE OF PHYSICIAN

Employer Name and Address: Telephone Number:	Surety Name and Address: Telephone Number:
Employee Name and Address:	Additional Documentation to Support Decision (circle one): No <input type="checkbox"/> Yes <input type="checkbox"/>

Response to petition (circle one): **Approved** **Denied**

Reasons for Denial: Further medical treatment is not reasonable or necessary. _____

Other (Please explain) _____

Hearing Dates/Times Availability Next 14 Days: _____

Date: _____ **Signature:** _____

Typed/Printed Name: _____

Title: _____

Original to Idaho Industrial Commission, 700 South Clearwater Lane, PO Box 83720, Boise, ID 83720-0041, or faxed to the Commission at 208-332-7558.

Copy to Employee.

CERTIFICATE OF SERVICE

I hereby certify that on the _____ day of _____, 20____, I caused to be served the Original Response to Petition for Change of Physician upon:

Idaho Industrial Commission
700 South Clearwater Lane
Post Office Box 83720
Boise, Idaho 83720-0041

- via: Personal Service of Process
- Regular U. S. Mail
- Faxed to 208-332-7558

I also hereby certify that on the _____ day of _____, 20____, I caused to be served a true and correct copy of the foregoing Response to Petition for Change of Physician upon:

CLAIMANT’S NAME AND ADDRESS

- via: Personal Service of Process
- Regular U. S. Mail

Signature

Print or Type Name