STATE OF WISCONSIN
DWD
Department of Workforce Development

Worker's Compensation

A Guide to Using the WKC-16-B Practitioner's Report on Accident or Industrial Disease in Lieu of Testimony Form

Introduction to WKC-16-B
You may be asked to complete form WKC-16-B, the Practitioner's Report on Accident or Industrial Disease in Lieu of Testimony, by an insurance company, employer, attorney, or employee. If you submit a completed WKC-16-B, you may not be required to testify at a future worker's compensation hearing.

Form WKC-16-B allows you to provide competent medical testimony in writing rather than in person at hearing. The completed WKC-16-B form will be made a part of the record at a worker's compensation hearing, and decisions involving medical issues are generally predicated upon these documents. This document provides guidance on properly completing specific sections of form WKC-16-B.

Instructions for Completing WKC-16-B
Box 3
In box three, enter the date of accident according to the history provided by the injured worker. If you are treating a work-related disease or illness, enter the date on which the disease first caused the individual to miss time from work.

Box 4
In box four, describe the accident (traumatic incident) or work exposure (in case of disease) to which the injured worker attributes their medical condition. A legible copy of the history or notes will suffice if it contains this information. If attaching medical notes to the WKC-16-B form, please enter "See attached history and notes" in box four.

Box 5
In box five, include the subjective complaints and objective findings. If it is possible at the time the report is completed, provide the diagnosis or a description of the physical or mental conditions from which the employee is suffering. A legible copy of the history or notes will suffice if it contains this information. If attaching medical notes to the WKC-16-B form, please enter "See attached history and notes" in box five.

Boxes 8 - 10
Boxes eight through 10 address more complex issues and the questions of temporary disability. An accurate description of temporary disability is the *healing period*. Injured workers must be given time to recover. They may be hospitalized, at home resting, or receiving therapy and medication. When treatment is completed, the healing period has ended and is usually followed by recovery or stabilization. Whether recovery or stabilization has occurred is strictly a medical question. The fact that some treatment is still necessary, such as physical therapy or pain medication, does not rule out the fact that the healing period may have ended. This type of treatment is referred to as *maintenance*.

The information you provide in box eight provides the Worker's Compensation Division with the beginning of the healing period. A definite date is necessary. When considering the information in box nine, the division recognizes that although patients are in healing periods, they may be able to perform limited work, or light duty, within the medical restrictions you have imposed. In box nine, indicate if the injured worker is able to return to limited work and, if so, specify the temporary work restrictions. Information regarding the end of the healing period (EOH) should be provided in box 10. Again, please provide definite dates.

Boxes 11 - 13
Boxes 11 through 13 relate to the issues of medical causation and should be answered to a reasonable degree of probability. The Worker's Compensation Act does not require 100 percent certainty. The standard is a reasonable degree of medical *probability*, meaning more likely than not, as opposed to speculation or a mere possibility. Based on the information available, decide whether it is more likely than not that an event or series of events caused the injury, and whether the injury caused the disability.

Boxes 14 - 16
Once the EOH has been reached and the worker's condition has stabilized, the worker may have permanent residual disability resulting from the injury. Permanent disability differs from temporary disability in that permanent disability is lifelong.

Permanent disability has been placed in two different categories by the Worker's Compensation Act. The first category is known as scheduled disabilities, and include permanent disabilities to the arms, hands, thumbs, fingers, legs, feet and toes. Loss of vision and hearing also are scheduled disabilities. The percentage of disability in these instances is rated by comparing the permanently disabled member or organ with a member or organ which is functioning at 100%.

Injuries to the back, neck, head, respiratory system, bodily organs (except for eyes and ears) and mental illness resulting in permanent disability are not amenable to a schedule. Therefore, you must compare the resulting permanent disability with a 100% disability to the entire body. The elements which constitute the disability should be described. For example, in dealing with back injuries, you could state that the injured employee is limited to lifting 25 pounds or that they cannot do repetitive bending.

When completing this form, please rate only the affected body part. For example, if the pain and limitation of motion is at the wrist, rate the disability at the wrist. Do not rate it as a disability of the entire arm or to the body as a whole.

Section DWD 80.32 of the Wisconsin Administrative Code describes minimum ratings of loss of use for amputation levels, lost motion, damaged nerves, and some surgical procedures. Findings of additional disabling elements (weakness, decreased endurance, decreased sensation, heat or cold intolerance, pain, or other functional deficits) shall result in an estimate higher than the minimum. If there is no rating guidance in s. DWD 80.32 for the injury being assessed, please use other professional rating guidance.

Boxes 17 - 19
If you believes there may be an increase in disability or that further treatment is required, including maintenance, this should be indicated. If information is available to the practitioner about a pre-existing permanent disability, box 19 should be completed.

Additional Worker's Compensation Resources
WKC-16: This is the most common form used by practitioners to report an injury or occupational illness. It should be completed when there is a clear permanent disability, as in the case of an amputation, when surgery has been performed (except hernia surgery), or when the period of temporary disability extends beyond three weeks. Search WKC-16 on the Forms Repository webpage.

WKC-16-A: This form is used only in cases involving an eye injury and/or vision loss. Since the information needed to calculate permanent disability compensation for loss of vision differs from other types of permanent injury, the Worker's Compensation Division requests that WKC-16-A be used to report permanent vision loss. Completion of the form is required if the injured employee received treatment for an eye injury on three or more occasions off the employer's premises. Search WKC-16-A on the Forms Repository webpage.

WKC-7761-P How to Evaluate Permanent Disability: This form is used to guide practitioners in their evaluation of the extent of disability. Search WKC-7761-P on the Forms Repository webpage.

Questions?
Wisconsin Department of Workforce Development
Worker's Compensation Division
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Scan the code to search the DWD Forms Repository.