



**DEPARTMENT OF MENTAL HEALTH  
POLICY/PROCEDURE**

<b>SUBJECT</b> <b>LEAVE FOR FOLLOW-UP MEDICAL TREATMENT OF WORK-RELATED INJURIES</b>	<b>POLICY NO.</b> <b>604.06</b>	<b>EFFECTIVE DATE</b> <b>07/28/2008</b>	<b>PAGE</b> <b>1 of 3</b>
<b>APPROVED BY:</b>  Director	<b>SUPERSEDES</b>	<b>ORIGINAL ISSUE DATE</b>	<b>DISTRIBUTION LEVEL(S)</b> <b>1</b>

**PURPOSE**

- 1.1 To govern the use and authorization of leave with pay to obtain follow-up medical treatment for work-related injuries.

**POLICY**

- 2.1 Leave with pay to obtain follow-up medical/injury treatment for any Industrial Injury Follow-Up (IF) may be authorized only at such time that the Third Party Administrator (TPA) has accepted the claim for benefits and made notification to the Claimant and the Return-To-Work Coordinator (RTWC).
- 2.2 The Department authorizes up to four (4) hours of Industrial Injury Leave for medical follow-up time in a one-week period. This includes travel time to and from appointments. If a claim is delayed pending determination of compensability, and a claimant is scheduled for a medical appointment to determine compensability, leave will be granted with the following condition: employees attending the medical evaluation appoint(s) are required to provide medical verification, including the date of injury, time and date of the appointment, as well as their time in and out of the evaluation.
- 2.3 Medical Certification Requirements

A current original Medical Certification must be on file with the supervisor at all times. The Medical Certification from the provider must be on Physician's Letterhead, it must be provided for all appointments, and it must be turned into the immediate supervisor, or his/her designee, upon the employee's return to work. A Verification of Doctor Visit form may be used in lieu of certification from the physician. Certification must identify the following:

- Employee Name



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- Original Injury Date
- Date of Visit
- Time In/Out of Visit
- General Reason for the Visit (e.g. Physical Therapy)
- Identify Injury Treated

2.3.1 If the employee is unable to return to work, medical certification should be faxed from the medical provider to the immediate supervisor; however, it is ultimately the employee's responsibility to ensure his/her supervisor receives the certification within one (1) business day from the date of the visit. If the provider will not fax the request, please notify the Return-To-Work Coordinator to make arrangements to submit certification. The main telephone number for the Return To Work Unit is (213) 738-2803.

## 2.4 Scheduling of Appointments

2.4.1 Appointments should be scheduled at the beginning or the end of the workday. Available appointment hours will be subject to verification with medical and therapy providers. Employees are required to submit a Request for Time Off (ROTO) at least one (1) business day prior to date of appointment.

2.4.2 If an employee submits a ROTO for an industrial injury follow-up medical appointment, but fails to provide an original and complete certification following the appointment, any accrued leave benefits may be used to cover the absence, but IF time may not be used.

2.4.3 Appointments made outside of regular work hours are on the employee's own time and not compensable or subject to overtime pay.

2.5 Supervisor Responsibility -- Supervisors shall contact the RTWC to determine the status of a claim prior to approving a Time Card coded "IF" leave.



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2.6 **Time Limitations For Follow-Up Treatment** -- Time off taken for treatment and/or therapy visits will be reviewed on a case-by-case basis. However, travel time to and from will not exceed a total of one hour (60 minutes).

2.7 **Interaction With Anything Other Than 5/40 Work Schedule** -- If an employee is on a 4/40 or 9/80 alternate work schedule, and any of the circumstances listed below apply, the 4/40 or 9/80 schedule may be terminated, and the employee may be placed on a 5/40 work schedule.

- Prolonged leaves or recurring intermittent absences
- Ongoing treatment such as physical therapy
- Restrictions requiring a reduced work schedule

Alternate work schedule may resume when the above conditions no longer apply.

2.8 **Exclusions For Using "IF" Time** -- Employees who are impacted by any of the following are not authorized to use "IF" time if:

- The appointment is beyond one (1) year from the original date of injury.
- The Worker's Compensation Appeals Board granted an award.
- The case was agreed upon by Stipulated Settlement.
- The TPA closed the case.

**AUTHORITY**

Los Angeles County Code Section 6.20.070

**RESPONSIBLE PARTY**

Human Resources

Review Date: 2012

RC:amg Workers Compensation/IF/Policy & Procedures