

Summary Instructions, Terms and Definitions
(for complete instructions refer to Bulletin 1-2003)

• Section A: Claim Information:

Carrier Information (A-1 to A-4)

This information regards the carrier's name, carrier's claims examiner, address and telephone number

Claimant Information (A-5 to A-9)

This information regards the claimant's name, current complete address, social security number, claimant's attorney's name and address (if represented).

Claim Information

A-10: Claim Number:

This number is assigned by the carrier.

A-11: Date of Injury

This is the date of claimant's injury.

A-12: Employer Address

This is the name and address of the employer at the time of claimant's injury.

A-13: Date of Current Claim

This is the date the carrier first received notice of claimant's claim for Own Motion relief.

A-14: Date of First Claim Closure

If this was a disabling claim, this is the date the claim was first closed. If this was a non-disabling claim, this is the date of injury.

A-15: Date Aggravation Rights Expired

This is the date the aggravation rights expired. For every compensable injury, a worker is given a 5-year time period in which to file a claim for aggravation or worsening of that injury ("aggravation rights").

Aggravation rights expire 5 years from the date of the first closure of a disabling claim or 5 years from the date of injury of a nondisabling claim. ORS 656.273(4).

A-16: Date of Last Closure

This is the date the claim was last closed pursuant to ORS 656.268.

A-17: Currently Accepted Condition(s)

This pertains to a condition(s) that has been accepted prior to the current request for Own Motion relief.

A-18: Currently Claimed Condition(s)

This pertains to a condition(s) for which claimant has made a claim under this request for Own Motion relief.

A-19: Current Condition(s)

This pertains to a condition(s) other than the accepted condition(s) for which claimant is currently treating but has not made a claim.

• Section B: "Worsened Condition" Claim Submitted After Expiration of Aggravation Rights

This section pertains to claims in Own Motion status where an accepted condition(s) has worsened under ORS 656.278(1)(a). The claim would qualify for reopening if it meets the following criteria: (1) the worsening results in the partial or total inability of the worker to work; (2) the worsening must require hospitalization, surgery (either inpatient or outpatient), or other curative treatment prescribed in lieu of hospitalization that is necessary to enable the worker to return to work; (3) the worker must be in the work force at the time of disability as defined under the criteria in *Dawkins v. Pacific Motor Trucking*, 308 Or 254 (1989). *James J. Kemp*, 54 Van Natta 491 (2002).

B-1: Requires the carrier's acknowledgment of a claim for a "worsened condition."

B-2: Pertains to the requirement of partial/total inability to work.

B-3: Pertains to the need for the requisite curative treatment.

B-4: Pertains to claimant's work force status.

B-5: Pertains to the compensability of the "worsened" condition.

B-6: Pertains to the responsibility for the "worsened" condition.

B-7: Pertains to the appropriateness of the recommended medical treatment for the "worsened" condition.

A negative response to questions B-5→B-7 requires a denial or a request for Director review under one of the following statutes: ORS 656.262, ORS 656.308(2), ORS 656.245, ORS 656.260 or ORS 656.327.

B-8: Pertains to the carrier's recommendation for or against reopening the "worsened" condition claim.

• Section C: "Post-Agravation Rights" New and/or Omitted Medical Condition Claim

This section pertains to claims in Own Motion status where a request for acceptance of a new and/or omitted condition has been made. ORS 656.278(1)(b).

C-1: Requires the carrier's acknowledgment of a claim for a "post-aggravation rights" new/omitted medical condition claim.

C-2: Requires a listing of the claimed "post-aggravation rights" new/omitted medical condition(s).

C-3: Pertains to the compensability of the "post-aggravation rights" new/omitted medical condition(s). If yes, submit a copy of the "Modified Notice of Acceptance." **ORS 656.262(6); OAR 436-060-0140. See OAR 438-012-0024(1)(a), (2)(a).** If no, submit a copy of the "Notice of Denial of 'Post-Agravation Rights' New Medical Condition or Omitted Medical Condition Claim." **See OAR 438-012-0024(1)(b), (2)(b); OAR 438-012-0070.**

C-4: Pertains to the responsibility for the "post-aggravation rights" new/omitted medical condition(s). If no, submit a copy of the "Notice of Denial of Responsibility for 'Post-Agravation Rights' New Medical Condition or Omitted Medical Condition Claim." **See OAR 438-012-0024(1)(b), (2)(b); OAR 438-012-0075.**

C-5: Pertains to the carrier's contention that no acceptance of the claim is required. If yes, submit a copy of "Notice of Clarification in Response to 'Post-Agravation Rights' New Medical Condition or Omitted Medical Condition Claim." **See OAR 438-012-0024(1)(c), (2)(c); OAR 438-012-0080.**

C-6: Pertains to whether claimant purported to make a claim for a new/omitted medical condition claim.

C-7: Pertains to the carrier's contention that no acceptance or denial of the purported "post-aggravation rights" new or omitted medical condition claim is required. If yes, submit a copy of the "Notice of Incomplete Claim Response to 'Post-Agravation Rights' New Medical Condition or Omitted Medical Condition Claim." **See OAR 438-012-0024(1)(d), (2)(d); OAR 438-012-0085.**

C-8: Pertains to the carrier's recommendation for or against reopening the "post-aggravation rights" new/omitted medical condition claim.

• Section D: Pre-1966 Injury Claims

This section pertains to claims with a date of injury prior to 1966.

D-1 to D-5: Pertain to a "medical services" claim made in a pre-1966 injury claim.

D-6: Pertains to the carrier's recommendation for or against reopening the pre-1966 medical services claim.

D-7 to D-13: Pertain to a "worsened" condition claim made in a pre-1966 injury claim.

D-14: Pertains to the carrier's recommendation for or against reopening the pre-66 "worsened" condition claim.

D-15→D-21: Pertain to a "post-aggravation rights" new/omitted medical condition claim made in a pre-1966 injury claim.

D-22: Pertains to the carrier's recommendation for or against reopening the pre-1966 "post-aggravation rights" new/omitted medical condition claim.

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