What to do
IF YOU HAVE A WORK-RELATED INJURY
About Center for Diagnostic Imaging (CDI)

CDI is your Health Fund recommended medical imaging provider. We have created this booklet to help answer some of your questions about your rights within the WI Workers’ Compensation system.

CDI features a national network of outpatient centers including seven locations throughout Wisconsin. CDI consistently leads the way in diagnostic imaging with state-of-the-art equipment and a focus on continuous improvement. We offer high-quality medical imaging care close to home in convenient outpatient centers.

Medical imaging, such as MRI, is a powerful tool in diagnosing diseases and injuries. CDI has the latest MRI equipment and can scan any type of patient. Our MRI scanners can accommodate you if you are claustrophobic, have a larger body size or need a very specialized exam.

A wide variety of imaging services available to you include:

- High-field MRI
- Open MRI
- Open Upright MRI
- Low-dose CT
- Digital Mammography
- Breast MRI
- Ultrasound
- Arthrograms
- DXA Bone Density Scans
- X-ray

IT’S YOUR CHOICE WHERE YOU GO FOR MEDICAL IMAGING. **CHOOSE CDI.**

*Expertise you can trust. Personalized care you deserve.*
I HAVE A WORK-RELATED INJURY

What Should I Do?

Don’t wait! Tell your employer immediately. Be sure to report your injury to your supervisor. If you need to seek emergency medical attention, do that first. In the case of an emergency, an employee can go to any provider for treatment. After the emergency, contact your employer as soon as possible.

If you do not report the injury within 30 days, you may lose your right to workers’ compensation benefits.

NEXT STEPS:

• Your employer will file a report with their insurance company or internal claims department, if they are self-insured.

• Within 14 days your employer will submit a report of your injury to the Department of Workforce Development.

• The Division of Workers’ Compensation will send you an informational brochure detailing next steps and benefits.

• Your employer’s insurance company should contact you for a statement of the accident and injury or illness – DO NOT SIGN ANY STATEMENT THAT YOU HAVE CONCERNS ABOUT. The insurance company must have a certain amount of information about the injury, which is the purpose of the statement.
  – Inaccurate or incomplete information may cause the insurance company to deny the claim or withhold benefits. You will be given a signed copy of the statement that you should keep.

• If the claim is not disputed, the employer must promptly begin paying benefits to you for lost wages. The company or insurer must also pay for any authorized, reasonable and necessary medical care to your health care provider.

• You should keep your employer informed of your condition and any work restrictions.

• You must notify the insurer of changes in your employment status, contact information, income changes and ability to work.
WHAT TYPES OF INJURIES ARE COVERED BY WORKERS’ COMPENSATION?

The Workers’ Compensation law of Wisconsin defines an injury as any mental or physical harm due to workplace accidents or diseases, including accidental damage to artificial limbs, dental appliances and teeth.

INJURIES COVERED INCLUDE:

- **PHYSICAL HARM** or injury such as bruises, burns, cuts, fractures, crushing injuries, hernias, sprains, strains, stiffness, amputation, loss or paralysis of part of the body, sudden loss of hearing, sudden loss of vision and disfigurement.

- **MENTAL HARM** including nervous disorders, hysteria and traumatic neurosis. The effects of brain hemorrhage caused by an industrial accident may also result in such harm. If the injury is mental harm or emotional stress without a physical trauma, the injured employee must show that it resulted from a situation of greater magnitude than the day-to-day mental stresses and tensions that all employees experience.

- **ACCIDENTAL INJURY** such as physical or traumatic mental harm occurring suddenly and unexpectedly as a result of some employment-related activity.

- **OCCUPATIONAL DISEASE** is chronic physical or mental harm caused by exposure over a period of time to some employment-related substance, condition or activity. Occupational disease includes loss of hearing and deterioration of bodily functions. Examples of common types of occupational disease are dermatitis (skin trouble), infection, silicosis, tuberculosis, pneumonia, lead poisoning and respiratory disease. In addition, occupational disease includes deterioration of bodily function caused by working conditions over a period of time. For instance, hernias and back trouble caused by repetitive motion or repeated strain over a segment of time are considered occupational diseases under the law.
WHAT MEDICAL TREATMENT IS COVERED BY WORKERS’ COMPENSATION?

According to Wisconsin Workers’ Compensation law, the insurance company or employer is responsible for paying any authorized, reasonable and necessary medical costs directly to the health care provider.

MAY I SEEK TREATMENT FROM MY OWN PROVIDER?

Wisconsin Workers’ Compensation law gives employees the right to select their own primary health care provider, up to two times, for treatment of a work related injury. An employee may select any physician, psychologist, chiropractor, dentist, physician assistant, advanced practice nurse prescriber or podiatrist who is licensed to practice in Wisconsin. If the injury creates an emergency situation, the employer may make whatever arrangements are necessary for immediate treatment. Once the emergency passes, an employee has the right to select a provider for future treatment.

EMPLOYEE ALLOWED FIRST AND SECOND CHOICE OF PROVIDER OR DOCTOR

If the employee is not satisfied with the first provider or doctor, one more choice is allowed; however, the employee must notify the employer of this second choice. The law recognizes that if the employee does not have confidence in the first provider, recovery may be delayed. If the attending provider refers the employee to a specialist or a series of specialists, such as medical imaging at CDI, this referral is still considered to be treatment by one provider. If several providers in one partnership or clinic are seen, these are all considered one provider. After changing providers once, any further change may be made only by mutual agreement between the employee, employer and insurance carrier.

Failure to notify the employer of the initial selection or of a change in providers can lead to a disputed claim and the possibility of the injured employee having to pay for the entire cost of treatment.

CERTAIN TREATMENT NOT ALLOWED

Expenses will not be paid for treatment by a physical therapist, massage therapist, or pain clinic unless the treatment is ordered by a provider or unless the employer or insurance company specifically agrees in advance to pay for such treatment.
WHAT IF MY PRIMARY TREATING PROVIDER REFERENCES ME TO A SPECIALIST, BUT THE INSURANCE COMPANY DIRECTS ME TO A DIFFERENT ONE?

Remember, you may select any provider who is licensed to practice in Wisconsin, or elsewhere with the consent of insurer or employer. If the injury creates an emergency situation, the employer may make whatever arrangements are necessary for immediate treatment. Once the emergency passes, the employee has the right to select a provider for any future treatment.

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