

Additional Indications

- Injured worker presents letter from attorney or representative the day of the reported injury.
- Claimant initially wants to settle with Workers' Comp, but later retains an attorney with increased subjective complaints.
- Pattern of occupational type claims for "dying" industries, i.e. black lung, asbestosis; wholesale claim handling by law firms and multiple class action suits.
- Attorney or injured worker threatens legal action unless a quick settlement is made.
- Injured worker is hostile or threatening to claims analyst.

Prevention Tips for Injured Workers

- Check your attorney's and doctor's credentials. Before seeking medical treatment or legal counsel, contact the state medical licensing board or the Wyoming State Bar Association for information on your physician or attorney.
- Don't be talked into an injury. Be cautious if your doctor prescribes excessive treatment for minor injuries. Seek a second medical opinion.

If you suspect Workers' Compensation fraud:

1. Contact the Fraud Hotline at (888) 996-9226 or dws-fraudfighters@wyo.gov.
2. Submit a tip on our website at dws.wyo.gov

INDICATORS OF WORKERS' COMPENSATION FRAUD



Wyoming Department of Workforce Services Workers' Compensation Division

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While most Workers' Compensation claims are legitimate, many claims are inflated or even fraudulent. There are several indicators of fraud, or "fraud possibility factors," that may help isolate those claims meriting closer scrutiny. No single indicator by itself is necessarily suspicious. Even the presence of several indicators, while suggestive of possible fraud, does not mean that fraud has definitely been committed. Indicators are essentially "red flags," not actual evidence.

The Claimant

- Injured worker is disgruntled, soon-to-retire or facing imminent firing or layoff.
- Injured worker is involved in seasonal work that is about to end.
- Injured worker took unexplained or excessive time off prior to claimed injury.
- Injured worker takes more time off than the claimed injury seems to warrant.
- Injured worker is nomadic and has a history of short-term employment.
- Injured worker is new on the job.
- Injured worker is experiencing financial difficulties.
- Injured worker recently purchased private disability policies.
- Injured worker changes physician when a release for work has been issued.
- Injured worker has a history of reporting subjective injuries.

Circumstances of the Accident

- Accident occurs late Friday afternoon or shortly after the employee reports to work on Monday.
- There are no witnesses to the accident.
- Claimant has leg/arm injuries at odd time, i.e. at lunch hour.
- Fellow workers hear rumors circulating that the accident was not legitimate.
- Accident occurs in an area where the injured employee would not normally be.
- Accident is not the type customarily associated with those within the injured worker's position or job classification, i.e. an office worker who is lifting heavy objects on a loading dock.
- Accident occurs near the end of probationary period.

- Employer's first report of the claim contrasts with the description of the accident the injured worker reports to the physician.
- Details of the accident are vague.
- Incident is not promptly reported by the employee to his/her supervisor.
- Surveillance or "tip" reveals the totally disabled worker is currently employed elsewhere.
- After the injury, the injured worker is never home or spouse/relative answering phone states the injured worker "just stepped out."

Medical Treatment

- Diagnosis is inconsistent with treatment.
- Physician is known for handling suspicious claims.
- Treatment for extensive injuries is protracted though the accident was minor.
- "Boilerplate" medical reports are identical to other reports from the same doctor.
- Workers' Compensation and health carrier are billed simultaneously and payment is accepted from both.
- Injured worker protests about returning to work and never seems to improve.
- Summary medical bills submitted without dates or descriptions of office visits.
- Medical bills submitted are photocopies of originals.
- Extensive or unnecessary treatment for minor, subjective injuries.
- Treatment directed to a separate facility in which the referring physician has a financial interest (especially if this is not disclosed in advance).
- Referral for treatment/testing to facility close to referring facility.
- Injuries are all subjective, i.e. pain, headaches, nausea, inability to sleep.
- Injured worker cancels or fails to keep appointment, or refuses a diagnosis procedure to confirm an injury.
- Treatment dates appear on holidays or other days that facilities would not normally be open.
- Injured worker is immediately referred for a wide variety of psychiatric tests when the original claim involved physical trauma only. These claims usually present with vague complaints of "stress."