WC FILE ORGANIZATION INSTRUCTIONS

This folder is designed to help you keep your workers' compensation case organized. Please follow these instructions when setting up and maintaining your file.

SETTING UP YOUR FILE

1. Place each Pocket Cover Page at the front of its corresponding pocket section.
2. Use a 2-hole punch to secure each section cover page into the folder.
3. Label each tab using a label maker with the section names provided on the cover pages. Label the outside front cover with the case name ie Last name, first name v. employer name
4. Keep all documents in the section that best matches the document type.
5. For the first pocket, fill in the case demographics and progress chart sheets, print out EAMS case information, print the MPN link and blank mileage forms. If you need help, contact your attorney’s office.

ADDING NEW DOCUMENTS

1. The section cover page should always remain the first page of each section.
2. Always place new documents directly behind the section cover page and in front of older documents. This will organize documents in reverse chronological order, with the newest documents on top and the oldest documents at the back
3. Record each new document on the Document Log located on the section cover page. Under document type, put the letter that corresponds to the category of document on the cover page.
4. Keeping your documents and log in the same order will make it easier to locate documents and track your case progress.

ELECTRONIC FILES

If you would like to maintain an electronic copy of your file, scan or photograph documents before placing them into the folder. Saving electronic copies provides a backup and allows you to quickly send documents to your attorney when requested.

IMPORTANT

• Do not throw away any workers' compensation-related documents.
• Place all mail, medical reports, notices, and correspondence into the appropriate section as soon as you receive them.
• Bring this folder to important appointments and meetings.
A well-organized file helps you, your doctors, and your attorney manage your case more effectively.

Pocket 1: CASE INFORMATION & REFERENCE MATERIALS

Purpose: This section contains important case information and reference materials that help you understand and manage your workers' compensation claim.

Documents That Belong in This Section

☐ Case Demographics Sheet

☐ EAMS case printout (https://eams.dwc.ca.gov/WebEnhancement/)

☐ Medical Provider Network (MPN) information

☐ Blank mileage reimbursement forms (https://www.dir.ca.gov/dwc/forms-mileage.html)

☐ Case progress chart

☐ Employer Correspondence – Termination notice / Accommodation Response

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Case Demographic Sheet

Insurance Carrier: _____

Adjuster: _____

Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Defense Attorney: _____

Handling Attorney: _____

Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Employer: _____

HR / Risk Management Contact: _____

Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Applicant Attorney:

Handling Attorney: _____

Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Court Information (WCAB) Workers' Compensation Appeals Board

District Office Venue: _____

Address: _____

Phone Number: _____

DWC Information Services Center: 1(800)736-7401

Email Address: _____

Injury Information

Date of Injury 1: _____

WCAB Case Number: _____

Injured Body Parts: _____

Claim Number: _____

Accepted Parts: _____

Denied Parts: _____

Date of Injury 2: _____

WCAB Case Number: _____

Injured Body Parts: _____

Claim Number: _____

Accepted Parts: _____

Denied Parts: _____

Date of Injury 3: _____

WCAB Case Number: _____

Injured Body Parts: _____

Claim Number: _____

Accepted Parts: _____

Denied Parts: _____

Primary Treating Physician: _____

Facility Name : _____

Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Secondary Treating Physician: _____

Facility Name : _____

Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Secondary Treating Physician: _____

Facility Name : _____

Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Qualified Medical Evaluator 1: _____

Specialty : _____

Appt Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Qualified Medical Evaluator 2: _____

Specialty : _____

Appt Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Qualified Medical Evaluator 3: _____

Specialty : _____

Appt Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Qualified Medical Evaluator 4: _____

Specialty : _____

Appt Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

CALIFORNIA WORKERS' COMPENSATION CASE PROGRESS CHART

Client Name: _____

Claim Number: _____

Date of Injury: _____

Attorney: _____

PHASE 1 – CLAIM OPENING & INITIAL TREATMENT

□ Date of Injury: _____

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□ DWC-1 Claim Form Submitted: _____

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□ Claim Opened: _____

↓

□ Initial Medical Treatment Begins: _____

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□ Employer/Insurance Investigation Period Begins

Date: _____

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□ 90-Day Decision Deadline

Date: _____

CLAIM DECISION

□ CLAIM ACCEPTED

Proceed to Accepted Claim Path

OR

□ CLAIM DENIED

Proceed to Denied Claim Path

DENIED CLAIM PATH

DISCOVERY PHASE

□ Denial Date: _____

↓

□ Deposition Scheduled

Date: _____

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□ EDD Benefits Applied For

Date: _____

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□ One-Year EDD Reimbursement Deadline

Date: _____

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QME Evaluations

Orthopedic QME

Date: _____

Psychiatric QME

Date: _____

Internal Medicine QME

Date: _____

Pain Management QME

Date: _____

Other Specialty

Date: _____

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□ Priority Conference

Date: _____

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□ AOE/COE Trial

Date: _____

↓

□ Judge Decision

Date: _____

↓

□ Injury Found Industrial / Claim Accepted

Date: _____

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Proceed to Treatment & Permanent Disability Phase

ACCEPTED CLAIM PATH

TREATMENT & RECOVERY PHASE

□ Temporary Disability Benefits Begin

Date: _____

↓

□ Ongoing Medical Treatment

↓

QME Evaluations

Orthopedic QME

Date: _____

Psychiatric QME

Date: _____

Internal Medicine QME

Date: _____

Pain Management QME

Date: _____

Other Specialty

Date: _____

↓

□ Primary Treating Physician Finds P&S/MMI

Date: _____

↓

□ QME Finds P&S/MMI

Date: _____

↓

Proceed to Permanent Disability & Settlement Phase

PERMANENT DISABILITY & SETTLEMENT PHASE

□ Permanent Disability Advances Begin

Date: _____

↓

□ Discovery Continues (if needed)

Date: _____

↓

Outstanding Issues

□ Permanent Disability Rating

□ Apportionment

□ Future Medical Care

□ Employment Issues

□ Other: _____

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□ Settlement Negotiations Begin

Date: _____

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SETTLEMENT TYPE

□ Stipulations with Request for Award

OR

□ Compromise & Release

CLOSING PHASE

□ Settlement Agreement Reached

Date: _____

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□ Settlement Documents Signed

Date: _____

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□ Settlement Documents Filed with WCAB

Date: _____

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□ WCAB Judge Approves Settlement

Date: _____

↓

□ Defense Must Issue Settlement Check

Approval Date: _____

30-Day Deadline: _____

↓

□ Settlement Check Received

Date: _____

↓

CASE CLOSED

Date: _____

IMPORTANT NOTES

- A claim may take several months or several years depending on the medical issues and disputes involved.
- Not every case requires a deposition, trial, or QME. Not every case will require multiple QME doctors.
- Some cases settle before reaching trial. Early resolution can be reached at any phase and often happens at a deposition or prior to a QME evaluation.
- Keep all documents organized in your folder and provide copies of any new documents to your attorney immediately if they were not cc.

PRINT CLEAR

Injured worker's name /
Nombre de la persona lesionada

Claim number / Número de reclamo

Medical mileage expense form
Formulario de gastos de viajes para asuntos médicos

If you have to travel to get treatment for your work injury, you are entitled to re-payment of your travel costs. The mileage rate is 72.5 cents ($0.725) per mile. Mileage for reasonable travel to the pharmacy, parking, bridge tolls, public transportation and other travel-related costs are also included. Complete this form. Attach receipts. Send the original to the insurance company and keep a copy. **Do not** send the original or a copy to the local Workers' Compensation Appeals Board (WCAB) or the information and assistance officer. If your travel costs are not paid within 60 days, contact the information and assistance officer.

Si tiene que viajar para recibir tratamiento por una lesión en el trabajo, usted tiene derecho a recibir un reembolso de 72.5 centavos ($0.725 por milla. Millas por un viaje de distancia razonable a la farmacia, estacionamiento, pago de peajes, transporte público y otros viajes y costos relacionados están también incluidos. Complete este formulario y adjunte los recibos. Envíe la forma original a la compañía de seguros y guarde una copia. **No envíe** el original o la copia a la oficina local de la Junta de Apelaciones de Compensación del Trabajador (WCAB). Si sus gastos de viajes no son pagados dentro de 60 días, llame al representante de información y asistencia.

Date/ Fecha	**Traveled from** (include address) **Viajó desde** (incluya dirección)	**Traveled to** (include name and address of doctor, hospital, therapist, etc.) **Viajó a** (incluya nombre y dirección del médico, hospital, terapeuta, etc.)	**Round trip mileage/ Millas del viaje entero**	**Parking/ Estacionamiento**	**Tolls/ Peajes**
Sample: 01/01/26	Sample: 1515 Maple, San Francisco	Sample: Dr. Sherman, 190 Oak, San Francisco	Sample: 14 mi	Sample: $2.50	Sample: $

California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Total miles / *Número de millas viajadas en total* 0

x $0.725 / mile = $ 0.00

Total parking/*Estacionamiento pagado en total* $ 0.00

Total tolls/*Peajes pagados en total* $ 0.00

Total reimbursement requested/ *Reembolso solicitado en total* **$** 0

Las Leyes de California establecen que la siguiente declaración aparezca en este formulario: Cualquier persona que a sabiendas presente reclamos falsos o fraudulentos para el pago de una pérdida, es culpable de un delito y podría ser sujeto a multas y encarcelamiento en una prisión estatal.

Signature / Firma

Printed name / Imprima su nombre

Date / Fecha

I&A mileage form (for mileage after 01/01/2026)
Rev. 12/25

POCKET 2: COURT DOCUMENTS & NOTICES

Purpose: This section contains documents related to court proceedings, hearings, depositions, settlements, and orders.

Documents That Belong in This Section

☐ [A] Application for Adjudication of Claim

☐ [B] Declaration of Readiness to Proceed (DOR) (If any)

☐ [C] Hearing Notices

☐ [D] Court Minutes (If any)

☐ [E] Deposition Notices

☐ [F] Deposition Transcripts

☐ [G] Compromise and Release Agreements/ Stipulations with Request for Award

☐ [H] Judge Orders or Awards

☐ [I] Other WCAB filings or Petitions or Objection to Petitions

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Document Log

Description of Document	Document Type	Document Date	Date Received	Author

Description of Document	Document Type	Document Date	Date Received	Author

POCKET 3

MEDICAL TREATMENT & UTILIZATION REVIEW

Purpose: This section contains records from treating physicians and documents related to medical treatment requests and work status.

Documents That Belong in This Section

☐ [A] Work Status Reports

☐ [B] Primary Treating Physician (PTP) Reports / Requests for Authorization (RFA)

☐ [C] Specialist Reports

☐ [D] Physical Therapy Notes

☐ [E] Diagnostic Studies

☐ [F] Prescription Records

☐ [G] Utilization Review (UR) Decisions

☐ [H] Independent Medical Review (IMR) Documents

☐ [I] Other Medical Records

Document Log

Description of Document	Document Type	Document Date	Date Received	Author

Description of Document	Document Type	Document Date	Date Received	Author

POCKET 4: QUALIFIED MEDICAL EVALUATOR (QME) DOCUMENTS

Purpose: This section contains documents related to QME evaluations and medical-legal disputes. Note: AME could be used instead of QME.

Documents That Belong in This Section

☐ [A] QME Panel Request (If any)

☐ [B] QME Panel List (If any)

☐ [C] Appointment Notices

☐ [D] Appointment Confirmation Letters

☐ [E] Completed QME Questionnaires / QME Office Intake Forms

☐ [F] Time Extension Request

☐ [G] Interrogatories

☐ [H] QME Reports – Evaluations and Supplemental Reports or Cross-Examination Transcripts

☐ [I] Replacement Panel Requests / Additional Panel Requests (If any)

☐ [J] Other QME Related Documents

Document Log

Description of Document	Document Type	Document Date	Date Received	Author

Document Log

Description of Document	Document Type	Document Date	Date Received	Author

POCKET 5: DEFENSE / INSURANCE COMPANY CORRESPONDENCE

Purpose: This section contains communications from the insurance company, claims administrator, defense attorney, employer, or their representatives.

Documents That Belong in This Section

☐ [A] Claims Adjuster Correspondence

☐ [B] Defense Attorney Letters

☐ [C] Benefit Notices / Printout

☐ [D] Delay, Denial, or Acceptance Notices

☐ [E] Payment Notices

☐ [F] Printed Emails / Text Messages

☐ [G] Mileage Reimbursement Submissions / Responses

☐ [H] Paystubs / Copy of checks

☐ [I] Any Other Documents Received from Defense Side

Document Log

Description of Document	Document Type	Document Date	Date Received	Author

Description of Document	Document Type	Document Date	Date Received	Author

POCKET 6: APPLICANT ATTORNEY CORRESPONDENCE

Purpose: This section contains documents received from your attorney and information you provide to your attorney. **WARNING**: This section is covered under attorney client privilege. Do not share with others. Sharing may waive said privilege.

Documents That Belong in This Section

☐ [A] Attorney Intake Documents

☐ [B] Attorney Letters

☐ [C] Printed Emails from/to Attorney

☐ [D] Printed Text Messages from/to Attorney

☐ [F] Notes for Attorney

☐ [G] Other Attorney Communications

Document Log

Description of Document	Document Type	Document Date	Date Received	Author

Description of Document	Document Type	Document Date	Date Received	Author

Pocket 1: CASE INFORMATION & REFERENCE MATERIALS

POCKET 2: COURT DOCUMENTS & NOTICES

POCKET 3

MEDICAL TREATMENT & UTILIZATION REVIEW

POCKET 4: QUALIFIED MEDICAL EVALUATOR (QME) DOCUMENTS

POCKET 5: DEFENSE / INSURANCE COMPANY CORRESPONDENCE

POCKET 6: APPLICANT ATTORNEY CORRESPONDENCE