NAME: **SS#:**

Bakers Union and FELRA Health and Welfare Fund

EMPLOYER:	Safeway	**LOCAL:**	118
DATE OF HIRE:	July 7, 2006	**STATUS:**	Full Time
PLAN:	2		

ISSUE: Hospital/Medical – Work-Related #M21/105-2538

FUND RULE:
"**General Exclusions**

23. Work-related injuries or Illnesses which are generally compensable under Workers' Compensation legislation, occupational disease act legislation, Employer's liability law or other similar legislation. If your claim would have been paid under Workers' Compensation if not for your failure to follow the appropriate procedural requirements (filing on time, submitting requested information, etc.), it will be treated as compensable and will be excluded from coverage under the Fund [...]"
(Bakers Union and FELRA Health and Welfare Fund SPD, July 2016, Page 115, #23)

SUMMARY:

Date(s) of Service:	February 27, 2020, March 16, 2020, and September 26, 2020
Claim(s) Received:	May 27, 2020 through December 30, 2020
Claim(s) Denied:	June 1, 2020 through January 20, 2021
Appeal Received:	April 6, 2021

The **participant** is appealing for payment of claims that were denied because the services were deemed to be work-related.

Fund records indicate the participant advised the Fund office on August 10, 2015, related to the processing of another claim, that her carpal tunnel syndrome was the result of "repetitive stress over [her] career with Safeway" as a cake decorator. Further, the participant advised the Fund office on October 14, 2015 that she had filed a Workers' Compensation claim regarding her carpal tunnel syndrome. The Fund office mailed letters to the participant on December 3, 2015, February 3, 2016, and February 14, 2017, requesting a copy of her Workers' Compensation Award. No response was received.

Spine & Sports Medicine and Pain Management later submitted claims to the Fund for services rendered on February 27, 2020, March 16, 2020, and September 26, 2020 with a primary diagnosis of "Carpal tunnel syndrome." The claims were denied because the treatment of work-related injuries and illnesses is specifically excluded from coverage under the Plan.

On October 28, 2020, the Fund office received a copy of a letter from Sedgwick (Safeway's Workers' Compensation carrier), dated October 9, 2020, indicating that the participant's Workers' Compensation claim was denied because it was in Sedgwick's opinion that her claim was not compensable. Out of sequential order, on December 7, 2020, the Fund office received a copy of a denial from Sedgwick, dated April 7, 2016, which also indicated that the participant's Workers' Compensation claim was denied. The Fund office mailed a letter to the participant on December 7, 2020, advising that in accordance with Fund rules, she must appeal Sedgwick's denial to the Maryland Workers' Compensation Commission, because the Fund will only accept a ruling from the Commission, not the carrier. The participant's appeal to the Board of Trustees was received on April 6, 2021.

The participant states in her appeal that she had a significant amount of swelling in her wrists and hands during her two pregnancies which appeared to be carpal tunnel syndrome, but went away as soon as her babies were born. The participant is asking that the claims related to carpal tunnel not be considered work-related claims because, in her opinion, they were related to her pregnancies.

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐
COMMENTS:

Dawn Welch

From: Jose Villalta <jv.bakerslocal118@gmail.com>
Sent: Tuesday, April 6, 2021 10:47 AM
To: Dawn Welch
Cc: LES JONES
Subject: Fwd: Request for the claim

Good morning Dawn, I hope you are well. We had talked about this member. This is her request to be reconsidered. Thank you for your help.
---------- Forwarded message ---------
From:
Date: Mon, Apr 5, 2021 at 8:43 PM
Subject: Request for the claim
To: <jv.bakerslocal118@gmail.com>

To whom it may concern,

In the course of my two pregnancies, I have had a significant amount of swelling in my wrists and hands. This swelling appeared to be carpal tunnel syndrome but went away as soon as my babies were born. It would be very much appreciated if the claims made at these times would be considered as non work related, as they were related to active pregnancies in both instances.

Thank you for your time and consideration,

Bakers Union and FELRA
Health and Welfare Fund

911 Ridgebrook Road
Sparks, MD 21152-9451
Telephone: (410) 683-6500
Toll Free: (866) 662-2537
www.associated-admin.com

8400 Corporate Drive, Suite 430
Landover, MD 20785-2361
Telephone: (301) 459-3020
Toll Free: (866) 662-2537
www.associated-admin.com

December 7, 2020

Re: Work related injury of 8/25/2015
ID#:

Dear Ms.

Please be advised that the Fund does not accept a denial from the insurance carrier (Sedgwick's letter dated 10/9/20) for work related injuries. You must appeal the denial to the Worker's Compensation Commission and attend the hearing before the Commissioner.

The Fund will only accept a ruling from the Worker's Compensation Commission.

Thank you for your cooperation.

Sincerely,

The Fund Office
Medical Claims Department

Sedgwick CMS

Sedgwick Claims Management Services, Inc.
P.O. Box 14491 Lexington, KY 40512
Phone: 410-773-4259 Fax: 410-773-4221

April 7, 2016

Re: Employee:
Employer: Safeway Stores
Date of Injury: 08/25/2016
Claim Number: W1409143-0001

Dear Ms.

Please be advised, we are the Third Party Administrator who administers the workers' compensation claims for Safeway Stores.

After completion of our investigation, your benefits for workers compensation benefits are denied.

Therefore, with the denial of the workers' compensation claim, if you choose to continue medical treatment, please submit bills to your personal health carrier for their consideration.

Thank you.

Very truly yours,

Michele Arnold
Claim Examiner III
410/773-4259 Direct

cc: Paul Osborn
File

Sedgwick Claims Management Services, Inc.
P O Box 14491
Lexington, KY 40512-4491

sedgwick.

Phone: (800)285-3258
Fax: (410)773-4221

October 09, 2020

RE: Employee:
Employer: 46107 New Albertsons Inc
Date of Injury: 08/25/2015
Claim Number: W1409143-0001

Dear Ms.

Sedgwick Claims Management Services administers Workers' Compensation claims on behalf of New Albertson's Inc.

After careful consideration of all available information, it is our opinion that your claim for Workers' Compensation benefits is not compensable.

Sincerely,
Sedgwick Claims Management Services, Inc.

Rissa Goldstein
Claims Examiner
Rissa.Goldstein@sedgwick.com

Sedgwick manages claims for Ace American Insurance Company on behalf of 46107 New Albertsons Inc.

We value your privacy. For more on what personal information we may collect, how we may use this information and other important areas relating to your privacy and data protection, please read our privacy notice www.sedgwick.com.

Bakers Union and FELRA
Health and Welfare Fund

911 Ridgebrook Road
Sparks, MD 21152-9451
Telephone: (410) 683-6500
Toll Free: (866) 662-2537
www.associated-admin.com

4301 Garden City Drive, Suite 201
Landover, MD 20785-6102
Telephone: (301) 459-3020
Toll Free: (866) 662-2537
www.associated-admin.com

February 14, 2017

Re: Work related injury for carpal tunnel **FINAL REQUEST**

Dear Ms.

In order to coordinate your benefits, please send the Fund a copy of the Workers' Compensation Award along with the following information for the workers' compensation insurance carrier responsible for the medical expenses related to the carpal tunnel injury.

Insurance Company: _____

Address: _____

_____

Claims Adjuster: _____

Claim number: _____

Phone number: _____

Date of Injury: _____

Body Parts Injured: _____

Thank you for your cooperation.

Sincerely,

Mariame Moseynski

The Fund Office
Medical Claims Department

Bakers Union and FELRA
Health and Welfare Fund

911 Ridgebrook Road
Sparks, MD 21152-9451
Telephone: (410) 683-6500
Toll Free: (866) 662-2537
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4301 Garden City Drive, Suite 201
Landover, MD 20785-6102
Telephone: (301) 459-3020
Toll Free: (866) 662-2537
www.associated-admin.com

8/13/15

Participant's SSN:

MS

We received your claim for medical benefits and/or accident and sickness benefits relating to carpal tunnel syndrome. Because it is often difficult to determine the precise cause of carpal tunnel syndrome, you may be entitled to benefits through your employer's Workers' Compensation carrier. You have indicated that you do not believe your injury was caused by your employment.

Before the Fund can continue to process your claim, we must have a signed statement from you indicating that you have not filed a Workers' Compensation claim for your disability and that, should you file a Workers' Compensation claim for this disability in the future, you will notify the Fund office immediately. Also, if you are paid through Workers' Compensation for bills the Fund office has already processed and paid, you must reimburse the Fund in full.

AA, LLC
OCT 14 2015

Please sign the statement below and return this letter to the Fund office within two weeks. Once we receive your signed statement, we will continue to process your claim(s). Thank you for your cooperation in this important matter.

Sincerely,

Fund Office
Medical Claims Department

Statement- Sign and return to the Fund office in the envelope provided.

I acknowledge that I have ~~not~~ filed a Workers' Compensation claim for this disability. If, in the future, I do file a claim with my Workers' Compensation carrier for this disability and I am paid by them, I agree to reimburse all payments made by the Fund relating to the disability. I further agree to fully cooperate with the Fund in recovery of benefits paid on my behalf, including providing the Fund office with any information it requests concerning my carpal tunnel syndrome or claims relating to it.

Signature

9/24/2015
Date

This is an open workers' compensation claim: W1409143

BFW CTL
7/2012 arh

BAKERS & FELRA HEALTH AND WELFARE FUND
911 RIDGEBROOK ROAD
SPARKS, MD 21152-9451

Phone: 866-66-BAKER
866-662-2537

Return Service Requested
SINGLE PIECE
11814 1.0102 SP 0.500
49

RE: CN# D38195*269
DATE 07/30/15
EMPLOYEE
PATIENT
ACCOUNT #
TAX ID 76-0758596
RELATION MEMBER
BILLING NPI 1063517423
EXAMINER PATRICIA E
CLAIM NUMBER RXH345
GROUP BAKERS UNION & FELRA H&W FUND
PROVIDER J P LIN MEDICAL ASSOCIATES

ENV 11814 1 OF 4 F

RXH345

DATES OF SERVICE 07/20/15 - 07/20/15 TOTAL BILLED $150.00
DIAGNOSIS CARPAL TUNNEL SYNDROME

****
* FIRST NOTICE *
****

PENDED FOR ACCIDENT DETAILS

Service Provider: This is a courtesy copy only. It is our participants responsibility to supply us with the requested information.

As your claims processor we are entrusted with the responsibility of making sure any party which is liable for your injury makes payment or acknowledges its liability before the Fund makes payment. We appreciate your cooperation in supplying us with the following information.

Please return the following information in the enclosed self-addressed envelope.

Is your claim the result of any type of accidental injury (The Fund defines an accidental injury as a slip, fall, strain, sprain, or anything which is not an illness--NOT JUST A MOTOR VEHICLE ACCIDENT)..... YES X NO

AA. LLC
AUG 10 2015
1

If yes, you must complete and return the following information:

(1) Date, Time, Location where injury occurred:
Repetitive Stress over career with Safeway

(2) Describe how injury occurred:
Repetitive Stress because of nature of the job (Cake decorator)

(3) Name and address of any other party involved:
N/A

(continued)

(4) Other party's insurance company, policy number, claim number: N/A

(5) Your insurance company, policy number, claim number: CignaHealthCare, U34700270,

(6) If you've engaged an attorney to represent you, his/her name, address, and telephone number: N/A

If you have filed a claim with a third party (Including insurance companies) concerning your injury:

(7) Describe current status of any litigation or settlement negotiations:

(8) Have you received a judgment, order, or settlement? _____

PLEASE RETURN THIS INFORMATION AS QUICKLY AS POSSIBLE. IF YOU USED A PPO PROVIDER, CLAIMS MUST BE PAID WITHIN 30 DAYS TO GET THE DISCOUNT.

Because the information necessary to process your claim is not yet complete, it is denied as submitted. However, once all information necessary for processing has been received, the claim will be re-opened, as long as it is within the original filing deadline. You may appeal any full or partial denial by writing to the Board of Trustees within 180 days from the date of the denial.

Claims which may be related to this claim will be similarly delayed or denied until the information in this request is returned to us.

PLEASE NOTE: YOUR SIGNATURE IS REQUIRED. PLEASE SIGN THIS FORM TO ACKNOWLEDGE THAT YOU HAVE READ THE CONTENTS OF THIS LETTER

SIGNATURE: _____ DATE: 8/6/15

SINCERELY,
THE FUND OFFICE.

WORKERS' COMPENSATION

If you were injured at work or as a result of your work, generally the claim(s) are paid through your *Employer*'s Workers' Compensation carrier. However, if the carrier denies your claim(s), the *Fund* may pay them, provided you follow the steps below.

1. First, you must file a report of *Injury* or *Illness* with your *Employer*, as well as a Workers' Compensation ("WC") claim. **At the same time, file a claim(s) with the *Fund Office*.** The *Fund Office* will deny your claim pending a decision from Workers' Compensation, but you have protected yourself by filing on time with the *Fund*.

2. If the Workers' Compensation carrier approves your claim, it will pay the claims related to that *Injury/Illness*. You should send a copy of the WC approval letter to the *Fund Office*. The *Fund Office* takes no further action.

3. If the WC carrier denies your claim ***as being non-compensable under Workers' Compensation law***, you must pursue a claim with the Workers' Compensation Commission ("WC Commission") and attend the Workers' Compensation hearing.

4. The *Fund Office* will send you what is called an "indemnity agreement." If you sign and return the agreement, the *Fund* will process and pay your ***Weekly Accident and Sickness*** claim(s) pending the decision of the WC Commission. **Medical claims related to the *Injury/Illness* will not be processed until the final decision from the WC Commission is rendered.**

5. If you pursue a claim with the WC Commission and your claim is approved (meaning your *Injury* or *Illness* had been determined to be work-related), the Workers' Compensation carrier will pay your claim(s). You must send a copy of the WC

award letter to the *Fund Office*. The *Fund Office* will request a refund of any Weekly Accident & Sickness benefits it has paid (if any). The *Fund Office* will mail the *Participant* three notices requesting repayment in 15-day intervals. If the *Fund Office* receives repayment, no further action is taken. If the *Participant* fails to repay the *Fund Office* after the third notice, the *Participant*'s benefits will be suspended, and a notice stating this will be sent to the *Participant*. Benefits will be reinstated after you repay the *Fund* in full or the Board of *Trustees* determines that your benefits should be reinstated.

6. If the WC Commission denies your claim (meaning it upholds the original denial), you must send a copy of the denial to the *Fund Office* along with a letter stating that you do not intend to appeal the Commission's decision. Once the *Fund Office* has received both a copy of the Commission's denial and your letter stating that you do not intend to appeal the denial, your medical claim(s) relating to the *Illness* or *Injury* will be processed, and you may keep the Weekly Accident and Sickness benefits paid to you.