Providers must call for the following types of medical services that require Utilization Review (UR) approval. For approval, call Quality Review Associates, Inc.

Phone: 1-800-383-4845
Fax: 781-246-3167, M–F, 9 a.m.–5 p.m.

1. All non-emergency hospitalizations, outpatient surgery, and transfers between facilities
2. Psychiatric or psychological therapy or testing
3. All external and implantable bone growth stimulators
4. All chemonucleolysis, facet or trigger point injections
5. Repeat baseline diagnostic studies and laboratory testing
6. Video fluoroscopy
7. Radiation or chemotherapy
8. Biofeedback therapy
9. Physical or occupational therapy*
10. Work hardening
11. Work conditioning
12. All durable medical equipment
13. Nursing home, convalescent, residential and all home health care services and treatment
14. Pain clinics, chemical dependency clinics or weight loss
15. All non-emergency dental services, including reconstructive dental care
16. Magnetic Resonance Imaging (MRI)
17. Chiropractic treatment*
18. Acupuncture treatment*

Administered by Cannon Cochran Management Services, Inc. CCMSI
Utilization Review Agent:
Quality Review Associates, Inc.
c/o CCMSI
100 Quannapowitt Parkway, Suite 201
Wakefield, MA 01880

All questions and work injury-related medical bills should be directed to your local claims office. See center of this handout for information.

* After initial evaluation, approval is required for additional treatment by provider.
Instructions to Employees Injured on the Job

This form is intended as a quick reference for you following an injury/illness that may have happened at work. It does not contain all information regarding a work-related injury/illness. For more complete information, please reference the MIT Workers’ Compensation Guide (http://web.mit.edu/hr/benefits/work_comp.html) and the MIT Personnel Policy 4.8 (http://web.mit.edu/hr/policy/4-8.html). FMLA runs concurrently with Workers’ Compensation.

A. Following an Industrial Injury

1. Report to your supervisor that you have had an industrial injury. Your supervisor is required to file an injury report following the incident. He/she may need to obtain information from you and any witnesses about the incident. Failure to do so may interfere with and possibly jeopardize your Workers’ Compensation coverage.

2. Seek initial medical attention from the MIT Medical Department. Report to the main desk and inform them that you are there for a work-related injury/illness. Provide a brief description of the injury/illness to the medical provider. Obtain a medical note for your supervisor reflecting your status.

B. Following Initial Medical Treatment

1. You are returned to work without restriction – Return to your supervisor with the medical note stating that you are returned to work without restrictions – full duty.

2. You are returned to work with restrictions – Return to your supervisor with the medical note clearly stating specific restrictions. You are responsible for keeping your supervisor informed of your status and keeping any follow-up appointments regarding your restrictions. All appointments should be made for the start or end of your shift.

3. You are put out of work – BEFORE leaving work, you must first report to your supervisor and give him/her any paperwork from your medical provider regarding your disability. The paperwork/report must contain the following: (1) a description of the incident, (2) medical diagnosis and prognosis, (3) specific dates you cannot work. It is YOUR responsibility to obtain this documentation from your medical provider. Assessments regarding disability cannot be made retroactively.

   a. If you are disabled from work for more than 5 days, you must inform your supervisor if you would not like to supplement compensation payments with your sick leave.

   b. Make your medical provider aware that MIT has a transitional return-to-work program.

   c. When returning from a disability, you must have a return-to-work release from the treating physician and your supervisor must notify the Workers’ Compensation Office.

C. Medical Treatment Beyond the Initial

Treatment beyond the initial medical evaluation may be with the provider of your choice or with the MIT Medical Department if this is your health plan.

1. Let the provider know you are being treated for an injury/illness that happened at work. If they do not accept Workers’ Compensation patients, contact the Workers’ Compensation Office for information/instruction for a provider in your area that accepts Workers’ Comp. patients.

2. Once the doctor has determined any treatment beyond the basic office visit (e.g., physical or occupational therapy, MRI, injections, etc.), please have the provider contact the Workers’ Compensation Office for information regarding an approval process called Utilization Review.

3. You should not pay for any medical treatment.* Prescriptions and mileage may be reimbursable.

4. Medical treatment visits should be charged to sick leave when they are made for purposes of regular medical treatment beyond initial office visits or emergency treatment for a work injury/illness (i.e. physical therapy, occupational therapy). This time will not be covered or restored to sick time. Refer to policy (4.7) for more information on paid leave.

D. Wage Replacement for Time Loss

If you are disabled from work for 1 to 5 days by a medical provider, MIT may cover your lost wages at 100% when medical documentation is provided, supporting the dates you were out. If sick leave was used for the first 5 days, it will be restored based on this documentation. On the 6th day of absence, Workers’ Compensation payments will begin and will compensate you for lost wages at 60% of your Average Weekly Wage (AWW). AWW is based on the 52 weeks worked prior to your injury/illness. These payments are tax-free and no deductions are taken. Compensation payments will be supplemented with 40% of your available sick leave unless you notify your supervisor you are requesting leave without pay. If you are out more than 21 days from the 6th day of absence and receive a Workers’ Compensation wage replacement check, covering the first five days of absence, you must return this amount to the Institute, either by endorsement of the wage replacement check, or by future payroll deduction. If you chose not to supplement your payments or have no available sick leave, please contact the Benefits Accounting office; for MIT campus (617) 253-2741, for LL employees contact the Benefits Office (781) 981-7055 to make arrangements for current deductions (insurance, loans, etc.). Please see the Time Loss/Compensation Benefits section of the Workers’ Compensation Guide for more information on this topic.

*In the event that your claim is not accepted – it is your responsibility to ensure that your health insurance will cover medical expenses incurred.