

Issue Request - External

QuickStart Guide

One of the first noticeable changes to the Issues process users will notice is the C40 automation and consolidation with Issues. In the case on Insured claims the Insurer and Insurer Attorney may complete the C40 and file Issues. On uninsured Claims Attorneys representing the Employer, SIF, UEF, may complete the C40 and file Issues. A process activity will automatically be generated.

All Cases		Results per page 10					
Case Number	Process	Activity	Claim Number	Hearing Date	Case Creation Date	Activity Due Date	
★ Q IMP-424	Implead Request	● Submit Request	W403148		05/12/2023 7:48 am	05/12/2023 6:00 pm	
★ Q ISS-3511	File/Withdraw Issues	● Complete Issues Form	W403173		05/24/2023 3:53 pm	05/25/2023 3:53 pm	
☆ Q ISS-3512	File/Withdraw Issues	● Complete C40	W403176		05/24/2023 4:41 pm	07/05/2023 4:41 pm	

Clicking Complete C40 will take the user into the Issues form with the Response to Claim (C-40) section amended on with all of the applicable choices.

Response to Claim (C-40)

The insurer commenced temporary total disability payments:

The first payment of temporary total was mailed to the claimant:

No compensable lost time:

The insurer raises contesting issues as indicated below:

Response to Claim (C-40)

The insurer commenced temporary total disability payments:

The first payment of temporary total was mailed to the claimant:

No compensable lost time:

The insurer raises contesting issues as indicated below:

Issue Request

Raising Issues


Issues are raised by checking the appropriate box beside their name.

The Party raises contesting issues as follows	
Description	
Did the employee sustain an injury causally related to an accident which arose out of and in the course of employment?	<input checked="" type="checkbox"/>
Is the disability of the employee (TT/TP/PT/PP) causally related to the accidental injury?	<input checked="" type="checkbox"/>
Did the employee sustain a compensable hernia within the meaning of the Workers' Compensation Act?	<input checked="" type="checkbox"/>
Average weekly wage	<input type="checkbox"/>
Limitations	<input type="checkbox"/>
Jurisdiction	<input type="checkbox"/>
Statutory employment	<input type="checkbox"/>
Attorney fees/costs	<input type="checkbox"/>

Vocational Rehabilitation Treatment & Services	
Vocational Rehabilitation Treatment & Services	<input checked="" type="checkbox"/>
If this is an urgent Vocational Rehabilitation issue, you may wish to use expedited Vocational Rehabilitation Dispute process instead.	

1 Issues are selected via the checkbox controls, the available issues will differ by the the participant type in the underlying Claim

Medical Expenses (Creditors and/or amount)	<input type="checkbox"/>
Medical expenses (creditors and/or amount)	<input type="checkbox"/>
Penalties	<input type="checkbox"/>
Penalties	<input type="checkbox"/>
Temporary Total Disability	
Temporary total disability from and to dates inclusive	<input type="checkbox"/>
Temporary total disability to present and continuing	<input type="checkbox"/>
Nature and Extent	
Nature and extent of permanent disability to the following part or parts of the body	<input type="checkbox"/>
Permanent Total Disability	
Permanent Total Disability	<input type="checkbox"/>
Authorization for Medical Treatment	
Authorization for medical treatment (you must briefly specify treatment requested)	<input type="checkbox"/>
Proper Employer/Insurer	
Proper Employer/Insurer	<input type="checkbox"/>
Duplicate Claim	
Duplicate Claim	<input type="checkbox"/>

 Certain options like Duplicate Claim and Proper Employer/Insurer will lead CompHub to display dynamic fields for additional entry.

Issue Request

Raising Issues Cont.

Proper Employer/Insurer

REQUIRED: Select Advanced Search to provide the details of the employer for whom the claimant was working at the time of the accident. If the employer is not already located in Commission records, also use the Advanced Search button to enter the new employer.

Advanced Search

Employer

Name	Address	Phone	Assign Insurer
ORGANIZE MY SPACE LLC	3 J P MORGAN CT STE F WALDORF MD 20602-2732		Assign Insurer

To delete / edit a particular row, select the corresponding row and then click on the appropriate icon (delete / edit)

Duplicate Claim

Duplicate Claim

Enter Duplicate Claim Number

Duplicate Claims

No records

Other

Other (specify)

Test

Case ISS-3558

May 31

Created 17 minutes ago

Complete C40

May 31 - July 12

Created 17 minutes ago

Assign Insurer

Employer

Name: ORGANIZE MY SPACE LLC FEIN: 611727006

Email: Address: 3 J P MORGAN CT STE F
WALDORF MD 20602-2732

Phone: [?]

Employer Insurer

Search Insurer

Claim Insurers

No records

Save **Cancel**

Proper Insurer

Proper Employer/Insurer

REQUIRED: Select Advanced Search to provide the details of the employer for whom the claimant was working at the time of the accident. If the employer is not already located in Commission records, also use the Advanced Search button to enter the new employer.

Advanced Search

Employer

Name	Address	Phone	Assign Insurer
ORGANIZE MY SPACE LLC	3 J P MORGAN CT STE F WALDORF MD 20602-2732		Assign Insurer

To delete / edit a particular row, select the corresponding row and then click on the appropriate icon (delete / edit)

Proper Employer

Issue Request

Withdrawing Issues

Filing and Withdrawing issues are consolidated through the Start Form. In order to Withdraw all issues filed, you simply need to select Withdraw Issues and create the case. Keep in mind withdrawing issues may have implications.

Start Raising Issues or Withdraw Issues on a Claim

Please enter the Claim Number, then select Raise Issues or Withdraw Issues. Click Start to continue.

Claim Number: Advanced

Results

Select	Claim Number	Claimant	Accident/OD Date
<input checked="" type="checkbox"/>	W201468	Devin Maxwell III	05/22/2023

Please wait until claim is loaded.

File Issues: Withdraw Issues:

1 Use the Start Form to specify a Claim and select the Withdraw Issues checkbox.

MARYLAND WORKERS' COMPENSATION COMMISSION

WITHDRAW ISSUES

Claim Number: W201468 Date: 06/26/2023
Claimant: DEVIN MAXWELL III
Employer: CASINO INC
Insurer: NON-INSURED EMPLOYER
UNINSURED EMPLOYERS FUND

The following issues are requested to be withdrawn by Devin Maxwell, Insurer

Did the employee sustain an injury causally related to an accident which arose out of and in the course of employment?
 Is the disability of the employee (TT/TP/PT/PP) causally related to the accidental injury?
 Did the employee sustain a compensable hernia within the meaning of the Workers' Compensation Act?
 Average weekly wage
 Limitations
 Jurisdiction
 Statutory employment
 Attorney fees/costs

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on June 26, 2023, that service of the foregoing was made in accordance with COMAR 14.09.01.03.to all parties and their attorneys.

Failure to notify opposing counsel prior to the hearing date may result in a penalty or fine to be assessed against a party withdrawing issues.

I affirm this is the electronic signature of the submitter for all purposes under the Maryland Workers' Compensation Law, Title 9 of the Labor & Employment Article of the Annotated Code of Maryland and the Maryland Uniform Electronic Transactions Act, Title 21 of the Commercial Law Article of the Annotated Code of Maryland.

Electronically Signed By:
Devin Maxwell

Withdraw Issues PDF