

# MARYLAND WORKERS' COMPENSATION BASICS

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## **MARYLAND WORKERS' COMPENSATION BASICS**

### **1) History:**

- a) The Maryland Statute was the first state with a worker's compensation statute. The initial statute was enacted in 1902, but was stricken two years later as unconstitutional.
- b) During the timeframe from 1904-1911 every state's worker's compensation statutes were stricken down as unconstitutional.
- c) In 1911 Wisconsin passed a worker's compensation statute that passed the constitutionality test.
- d) In 1914 Maryland passed a revised statute. It provided for the right to a Jury Trial on appeal. The concern at the statute's inception was that if the right to a Jury Trial was not preserved, the statute would be deemed unconstitutional.
- e) In 1931 limitations on reopening and apportionment was incorporated in the statute.
- f) The Subsequent Injury Fund (Second Injury Fund) was added in 1945.
- g) In 1965 the concept of serious disability was added.
- h) In 1987 the cost of living increases for permanent total disability claims was incorporated.
- i) 1988 the three tiered permanency system was created.
- j) In 2004, for the first time, the Commission was granted the ability to make a fraud referral to the Maryland Insurance Administration.
- k) In 2008 the first tier rates became tied to the State AWW.
- l) In 2011 the death benefit calculation was significantly modified to reflect the percentage the employee had contributed to the family income.

### **2) The Maryland Statute and Regulations:**

- a) The Maryland Workers' Compensation Statute is found in Labor and Employment Article Section 9-101 and following. seq. The "book" that has just the Maryland Workers' Compensation Statute can be purchased, or the Statute is available free of charge on line at a number of sites, including the Maryland Workers' Compensation Commission website. Go to the "Claims and Adjudication" pull down menu and select "Workers' Compensation: Laws & Regulations".

### 3) The Workers' Compensation Commission website

- a) The Maryland website is a wealth of information. An Employer can look up prior claims of an employee, file first reports, and find out information regarding current law and changes.
- b) CompHub: <https://comphub.wcc.state.md.us/web/>
- c) WCC: <https://www.wcc.state.md.us/>

### 4) Limitations:

- a) Generally, the Claimant must file the claim within two (2) years from the date of accidental injury or from first knowledge of disability from an occupational disease. However, the limitations period is tolled if the Employer fails to file a first report. Further, if the Employer takes action which leads the Claimant to believe they have a valid claim, the limitations period can be extended. The Claimant must file a signed original medical release with the Commission within 30 days if the claim is filed online or the claim will not be accepted for filing.

### 5) Compensable Injuries:

- a) An injury must arise out of and in the course of employment.
- b) **Accidental Injury:**
  - i) An event that causes injury to the Claimant. It must arise out of and in the course of employment.
- c) **Occupational Disease:**
  - i) Occupational Diseases are compensable in Maryland.
  - ii) The disease must be of the nature which is inherent in the employment. It is not the claimant specific job. Instead, it is the type of employment in general.
    - (1) Disablement does not necessarily required missed time from work and can be the inability to work at the same pace.
    - (2) *Quinlan* can be interpreted to require that a claimant demonstrate that the disease occurs at a higher rate in that occupation than in the general population.
  - iii) There must be disablement.

**d) Hernia:**

- i) For a hernia to be compensable in Maryland it must not have existed before or must have caused a strangulation that caused the need for immediate medical attention.

**e) Fault and assumption of the risk are not defenses.**

**f) Exceptions:**

- i) Self-inflicted injury;
- ii) Willful misconduct, horseplay, (violation of a safety rule);
- iii) Injuries arising out of the use of drugs or alcohol.
  - (1) If the sole cause, completely barred;
  - (2) If the primary cause, only indemnity is barred.

**g) Fraud:**

- i) A Claimant is prohibited from knowingly affecting or even attempting to affect the payment of workers' compensation benefits. However, it is a very high standard that is almost never reached. There must be a conviction under LE 9-1106. The Attorney General's office rarely prosecutes insurance fraud matters.
- ii) Nonetheless, a request for a referral should be made when appropriate as the Commissioners do take into consideration the credibility of the Claimants in determining appropriate benefits and will refer cases for fraud investigation when the facts warrant.

**6) Claim Procedure**

- a)** The Employer is required to post Workers' Compensation Information in a "conspicuous" place at the workplace.
- b)** Labor and Employment Section 9-701 of the Maryland Code address the claims procedure.
- c)** The Code of Maryland Regulations (COMAR), section 14.09.01.01, and following, elaborate on the statutes.
  - i) There is no "discovery" at the Workers' Compensation Commission level. (There is the right to discovery on appeal).
  - ii) Subpoena power is limited.
  - iii) Medical authorization is required to be signed when the claim is first filed. If not filed, the Commission will not accept the claim. If the authorization expires, the employer can compel the Claimant to sign an updated authorization.

**d) Notice:**

- i) Once accident occurs, the Claimant is required to give notice to the Employer within 10 days, in writing. Notice can be excused and almost never forms the basis for a successful defense. (9-704 & 9-706)

**e) Employers First Report:**

- i) The Employer is required to notify the Workers' Compensation Commission within 10 days of accident by filing a first report.
- ii) It is critical that Employers provide their claims professionals with information regarding injuries as soon as possible.
- iii) The Employer's First Report can be filed on line. The Employer should retain the "date stamped" copy of all filed documents, including the Employer's First Report.
- iv) If you file by mail, please request a date stamped copy for your files. Filing by mail is now discouraged by the Commission.

**f) Claimant's First Report:**

- i) Claimant is required to file an Employee's Claim Form (C-30) within 60 days of the injury.
- ii) If not filed timely the claim may be barred, however, that defense is rarely successful as failure to provide notice may be excused by the Commission. The original medical release must be filed within 30 days of the electronic filing.
- iii) The filing of the Employee's First Report will generate a "C-40" form to be issued by the Commission. That will be sent, together with the "C-30" Claimant's first report to the address of record for the Employer.

**g) The Employer's Response to the Claim:**

- i) Upon receipt of the C-40 the Employer must decide whether it wishes to accept the claim or contest the claim.
- ii) Payment of *indemnity* benefits may not be made without an Order from the Workers' Compensation Commission. (COMAR 14.09.06.01)
  - (1) If the claim is accepted, but there is no lost time, respond in that fashion on the C-40 and a "Claim Deferred" order will be issued by the Commission.
  - (2) Medical benefits may be paid prior to a claim filing and must pay uncontested medical charges upon receipt.

- iii) If the Employer contests the claim, the C-40 response must be filed by the consideration date identified on the C30/C40 or the Workers' Compensation Commission will pass an order indicating the claim was accepted. Be certain to use your toll free number on the response.
- iv) If the claim is timely contested, it will automatically be set in for a hearing.

v) **Average Weekly Wage:**

- (1) If the claim is accepted, the Employer should identify the correct AWW. The Employer must challenge the AWW at the first hearing in the matter. That could be the permanency hearing many years later. The issue of AWW can no longer be reserved. It is very important that you provide your counsel with the 14 week wage statement at the inception of the claim.
- (2) The AWW is currently based on the 14 weeks prior to, but not including the week of, the injury.
  - (a) Do not count weeks the Claimant does not work. If the Claimant missed three weeks and was unpaid, it would be an 11 week calculation.
  - (b) Wages include non-monetary benefits, such as free rent, transportation benefits. It also includes bonuses paid during the 14 week period.
- (3) Please note, a document correction form cannot be used to modify the AWW. The Wage Statement in forms section is required. That form will do the mathematical calculations.
- (4) There is no stacking of wages in Maryland. There are exceptions found in LE 9-602 where a Claimant suffers a serious PPD or PTD and was employed less than 20 hours per week for the Employer. It is dependent on the number of other employments the Claimant has. Please refer to LE 9-602(l) should you have that rare situation.

**vi) Termination of Benefits:**

- (1) An Employer may terminate benefits once the Claimant reaches MMI, is no longer disabled, fails to cooperate with the vocational rehabilitation counselor or, in certain instances, recommended medical care.
- (2) The adjuster must file the Termination of Benefits Form. (C-06).
- (3) Please note, the termination form must be sent to the Claimant and should be sent to Claimant's counsel.
- (4) There is a separate form for termination of medical benefits that must be filed. (C-10). That form must be sent to the Claimant, Claimant's counsel and the health care provider, as well.

**7) Subsequent Issues:**

- a) In the course of the handling of a claim, issues will likely arise, often addressing temporary total disability, permanent partial disability, surgery, or other medical issues.
- b) A party wishing to raise issues files an issues form (Form H24R)
  - i) An Employer must have counsel of record enter their appearance within 15 days after any party files issues.
- c) If a continuance is needed, a Request for Continuance should be filed no later than 30 days prior to the hearing date (Form 28). Continuances can be granted for good cause within the 30 day window.
- d) If a party elects to withdraw Issues (Form 25), that the party must wait 90 days before being permitted to refile the same issues, unless excused.
- e) The hearing date is dependent on the type of issue filed. Urgent issues are given priority.
- f) Vocational Rehabilitation issues are filed on a separate form, are given priority, and are set for hearing within five (5) days.

**8) Appeals:**

- a) Appeals from the Commission decision are ordinarily *de novo* to the Circuit Court and are customarily jury trials. Appeals may also be on the record only. The appealing party must select which method they wish for the appeal. Appeals on the record are particularly useful when the appeal is limited to questions of law or substantial basis of evidence. However, if the respondent requests a jury trial the appeal will be treated as a *de novo* appeal.
- b) The appeal must be noted within 30 days from the Commission Award or Order on Rehearing, whichever is later.

- c) There exists an appeal as of right to the Appellate Court of Maryland. That is not often taken.
- d) An aggrieved party can then file a petition for Writ of Certiorari to the Maryland Supreme Court. That Writ is rarely granted.
- e) Please note: the Commission retains jurisdiction on issues that are not subject to appeal. The case can move forward both on appeal and before the Commission at the same time, on different issues.

## **9) Benefits:**

- a) The COLAs and rates for all benefits, including mileage, spanning back to 1990 can be found at:  
[https://www.wcc.state.md.us/Adjud\\_Claims/Comp\\_Rates.html](https://www.wcc.state.md.us/Adjud_Claims/Comp_Rates.html)

### **b) Temporary Total Disability (LE 9-618 – 9-622):**

- i) Paid at 2/3 of the Claimant's AWW up to the statutory maximum for that calendar year.
- ii) Three day waiting period
- iii) If the Claimant is disabled for 14 or more days, the Claimant is paid the 3 day waiting period.
- iv) Termination of Temporary Total Disability benefits is strictly governed by Regulation.
  - (1) Notice must be filed with the Commission and sent to Claimant's counsel.
  - (2) Notice must also be given to the Claimant.
  - (3) Basis includes, but is not limited to: MMI, non-cooperation with vocational rehabilitation services, return to work.

### **c) Temporary Partial Disability (LE 9-614 – 9-615):**

- i) Paid at 50% of the wage loss up to the statutory maximum, which is 50% of the State AWW.



**d) Permanent Partial Disability (LE 9-625 – 9-633):**

- i) Maryland has a three tier PPD system. The rates change each year and are set as of the date of the injury.
  - (1) 1<sup>st</sup> Tier: Awards less than 75 weeks. Paid at a lower rate.
  - (2) 2<sup>nd</sup> Tier: Awards between 75 weeks and 249 weeks. Paid at a higher rate.
  - (3) 3<sup>rd</sup> Tier, Serious Disability: Awards 250 weeks or more. One third additional weeks are added, plus each week is paid at a much higher rate.
  - (4) Please note the possible modification of the AWW for serious disability tier cases found in LE 9-602 and 9-630(b) in those instances where the Claimant was employed at more than one employer.
- ii) Rating Report:
  - (1) The Claimant should have his/her PPD rating prior to filing issues but it is not required.
  - (2) We recommend that you ask the evaluator to identify the Charts/Tables used to arrive at the rating.
  - (3) Maryland uses the AMA 4<sup>th</sup> Edition at this time, but there is currently discussion to change that to the most recent edition.
- iii) **Reopening:**
  - (1) The Claimant must request a reopening within 5 years of the date of the last indemnity award, or payment there under, whichever is later.
  - (2) Credit for Prior Award: An Employer receives a credit for the WEEKS paid if a PPD is increased upon reopening following a prior FINAL Order.
  - (3) NOTE: if a Commission Award is increased on appeal and before a final PPD award the Employer receives a credit for the money paid. (LE 9-633).
  - (4) Final Order: Credit for weeks; Not a final Order, credit for money.

**e) Permanent Total Disability (LE 9-635 – 9-640):**

- i) There is not a requirement that the Claimant be completely unable to work, although the standard is close: Incapacity to do further work of any kind for which a reasonable market exists.
- ii) A Claimant is entitled to annual cost of living increases.

**f) Death Benefits (LE 9-678 – 9-689):**

- i) The law attempts to make this benefit structure equitable to those who may need to receive these benefits in those instances where dependents work, as well.
- ii) The Commission will determine the percentage of the decedent contributed to the total family income, not to exceed the State AWW or 2/3 of the decedents' actual AWW.
- iii) Benefits are limited to 12 years, however, there are many exceptions, including possible disability of the dependent or schooling needs of a dependent child.
- iv) The Claimant's AWW is fixed as of the date of accident, if he/she were to pass away at a later time.
- v) No death benefits are available if the injured worker passes away more than seven (7) years after the accident. (LE 9-501(a)(2)(ii)).
- vi) Funeral Expenses: \$7,000.00, as long as the employee passes away within 7 years from the date of the event.
- vii) If no survivors exist, then benefits are limited to medical and funeral expenses.
- viii) The Commission requires the survivors to identify all possible survivors who can claim under the statute in the claim application.
- ix) The death benefit is derivative of the claimant's individual claim.  
Practice tip: Be careful in your settlements to make an effort to resolve the derivative claim, as well.

**10) Vocational Rehabilitation (LE 9-670 – 9-675):**

- a) Vocational Rehabilitation is strictly governed by the statute. (LE 9-670).
- b) The parties must agree to a provider. The provider must be licensed and on panel with the Commission.
- c) If the parties do not agree on a provider, there is a process for the Commission to assign a provider who is on panel with the Commission.
- d) Vocational Rehabilitation disputes are heard on an expedited basis.
- e) There is no time limit for providing vocational rehabilitation placement services.
- f) Retraining/Schooling is limited to two years.
- g) A Claimant receives the equivalent to TTD benefits while in vocational rehabilitation services.
- h) The goal of vocational rehabilitation services is to return the Claimant to suitable gainful employment. That is not finding a Claimant any available job. It must take into consideration the transferrable skills and prior earning of the Claimant, among other factors.

- i) Counselors are required to file monthly status reports with the Commission.

**11) Medical Treatment (LE 9-660 - 9-664):**

- a) Maryland is not a “panel” jurisdiction.
- b) The Claimant can treat with any doctor of their choice.
- c) The Claimant is free to change doctors without approval of the Employer or Workers' Compensation Commission.
- d) The Employer can contest the reasonableness and necessity of the treatment if it appears not medically appropriate.
- e) Medical bills are paid pursuant to the Medical Fee Guide. Prescriptions are not in the fee guide, but it is the practice of the Commission to approve only what is a reasonable charge.
- f) IMEs: The Employer are entitled to an IME under the statute.
- g) Termination of medical benefits must have a valid basis and notice must be issued to Claimant, the treating doctor, the Commission and Claimant’s Counsel. Notice is mandatory and must advise the Claimant that he/she has a right to a hearing on the issue.
- h) Medical bills must be paid within 45 days following an Order for payment or a 20% fine plus interest may be imposed. (LE 9-664).
- i) **MEDICAL BILLS:** The provisions found in 9-660(d) place a time limit on the submission of medical bills for payment by a provider. The bills must be submitted within 12 months from the later of (i) the medical treatment by the provider; (ii) the date the claim for compensation was accepted by the Employer; or (iii) the claim was determined by the Commission to be compensable. Please note, the Commission can excuse for good cause an untimely submission within for up to three (3) years from the later of the above three events.
- j) **Claim for Medical Services:** A health care provider can file for payment of medical services under 9-660. An Order Nisi will issue with the payment amount pursuant to the Fee Guide. An employer can contest that claim, but must do so on or before the date identified in the Order Nisi. Limitations is often the basis for the denial.

## **12) Miscellaneous:**

### **a) Subsequent Injury Fund (LE 9-801 – 9-808)**

- i) Pays additional PPD or PTD benefits if the Claimant's disability is, in combination with prior conditions, worse than it would have been as a result of the injury itself.
- ii) There must be a finding of more than 125 weeks of PPD related to the injury AND 125 weeks related to preexisting medical conditions.
- iii) SIF relief will often act to increase the amount a Claimant receives in benefits. It may also reduce the amount an Employer pays or shield an Employer from a PTD award.
- iv) Any party is entitled to implead the SIF, including the Employer.

### **b) Statutory Employer (LE 9-508):**

- i) If an Employer's sub-contractor fails to carry insurance, the Commission will look "up the chain" of contractors until coverage is found.
- ii) There must be an antecedent contract and subordinate contract. An owner does not have an antecedent contract and in most instances cannot be a statutory Employer.
- iii) The contract does not need to be in writing.
- iv) An entity that is found to be the statutory Employer can file a civil action against the uninsured Employer for reimbursement.

### **c) Independent Contractor:**

- i) Disfavored by the Commission.
- ii) Statute prohibits the misclassification of employees. (9 - 402.1)
- iii) Commission looks to the control of the employee and other similar factors to determine if the 'independent contractor' is an employee. The more the Employer controls the Claimant, such as setting hours, directing activities, supplying tools, the more likely the Claimant will be considered an employee.

### **d) Coverage/Excluded Employee:**

- i) Only Covered Employees, as defined by the Statute are entitled to benefits. In those instances where there exists a question regarding whether an employee is entitled to benefits, it is recommended that the Statute be reviewed to determine if the individual is a covered employee.

- ii) The owner of a sole proprietorship or certain shareholders of closely held corporations can elect to exclude themselves from coverage.
  - iii) If a carrier accepts a premium from the earnings of the Claimant, the carrier/Employer is not permitted to assert a coverage defense. (LE 9-723).
- e) Post - *Harris* Accidental Injury:**
  - i) Since *Harris*, not necessary that the event be unusual to be deemed compensable.
  - ii) There must still be a specific event that the Claimant can identify to establish an accidental injury
- f) Jurisdiction: (LE 9-203(a))**
  - i) An individual is a covered employee if the Claimant was employed and injured:
    - (1) In Maryland; or
    - (2) Outside of Maryland if employed outside the State on a casual, incidental or occasional basis; or
    - (3) Wholly outside the United States under a contract of hire made in the United States for work to be performed outside the United States.
- g) Presumptions (Private Sector Only) (LE 9-702):**
  - i) The claim comes within the title of the Statute;
  - ii) Notice was sufficient;
  - iii) Was not caused by the intent of the covered employee to injure himself/herself;
  - iv) Was not caused by drugs/alcohol;
  - v) Is presumed to be the employee of the Employer.
  - vi) A Claimant is permanently and totally disabled if he/she has a loss of use of two of the enumerated scheduled losses identified in LE 9-636(b).
  - vii) Public sector claims may have additional statutory presumptions.
- h) Exclusive Remedy (9-509):**
  - i) Workers' Compensation benefits are the exclusive remedy of a Claimant injured on the job. A Claimant cannot sue his/her Employer for that injury.

- ii) There are limited exceptions, such as an intentional act of an Employer. A Claimant can sue an Employer related to deliberate act to hurt that Claimant.
- iii) NOTE: Co-Employees are NOT shielded. A co-employee can be sued in tort and the Employer may have the duty to defend that co-employee. That instance could lead to the Employer paying twice.

**i) Third Party Claim/Lien (9-902):**

- i) An Employer enjoys a lien against any third party recovery a Claimant may make arising out of the same incident.
- ii) The Employer must pay its proportionate share of the costs and attorney fees. Claimant's counsel cannot charge a higher contingent fee to an Employer than he/she charges her client. It is good practice to secure the disbursement sheet from Claimant's counsel.
- iii) A Claimant must secure the Employer's consent to settle a third party claim.
- iv) The right to pursue the third party is exclusive to the Employer for two months following the first award from the Commission.
- v) First party coverage, such as UM or UIM is NOT subject to lien, even if provided by the Employer.
  - (1) For example, if a Claimant is injured by an uninsured driver while in a company vehicle, the Claimant can pursue the UM/UIM coverage under the vehicle and the Employer will have no lien rights against that recovery.
  - (2) However, the UM/UIM policy usually has a coordination of benefits provision where the UM/UIM coverage receives a credit for monies paid under workers' compensation.
  - (3) When addressing UM/UIM coordination, it is ordinarily beneficial for the workers' compensation policy to pay first. There is not offset from workers compensation against UM/UIM.

**j) Settlements:**

- i) Settlements must be approved by the Commission, using the standard of whether it is in the best interest of the Claimant.
- ii) Settlements that close medical benefits must strictly follow Medicare Requirements. Adequate reserves must be set aside to address any future medical care. Medicare's interests must always be protected.
- iii) If the case is fully contested, it can be settled in a contested posture, often without a statement regarding future medical care.

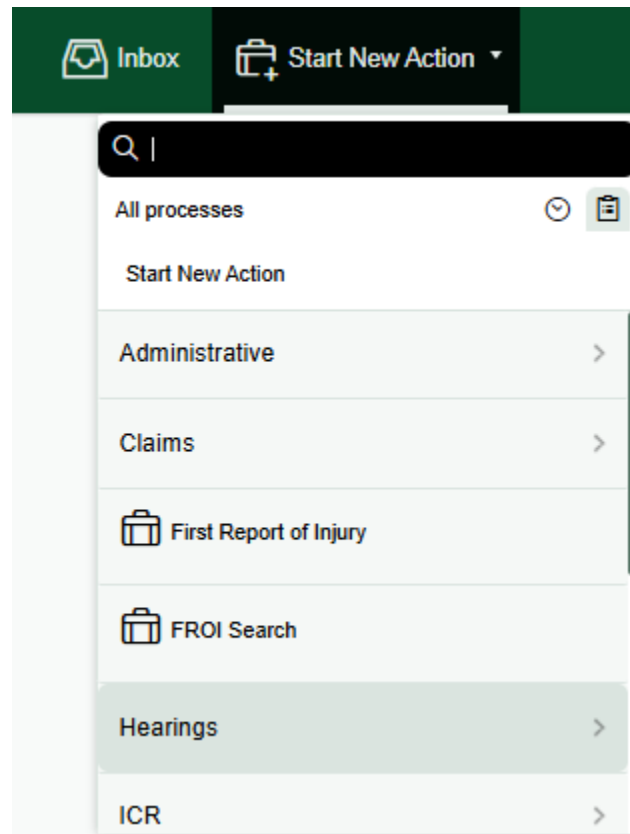
- iv) If no allocation is being made for future care, which must be supported by a medical opinion, preferably from the treating physician. An allocation must be based upon an MSA or Medical Cost Projection.
- v) If the Medicare Set Aside monies are administered by a professional administration company, with no possibility of the money being paid to the Claimant, or exceed \$50,000 and are annuitized, the UEF/SIF assessments may not apply to the future medical money. That could be a significant amount of money saved, depending on the cost of future medical care. One should evaluate whether the savings are in excess of the cost of professional administration. The waiver of assessment is specific to each case. Please refer to LE 9-806(a)(2) AND LE 9-1007(a)(2) when drafting the agreement.

**k) Stipulations:**

- i) Stipulations are favored by the Commission.
- ii) There is a form to use for PPD stipulations.
- iii) The parties can stipulate to nearly any issue they deem appropriate. The Commission will accept a stipulation as to other issues in the form of a pleading.
- iv) Note: It is not wise to stipulate as to "no-causation" due to Medicare concerns. Those issues should be adjudicated.
- v) There is a separate form to stipulate to an advance.
- vi) Practice Pointer: Consider Stipulations that are high 1<sup>st</sup> tier or 2<sup>nd</sup> tier, as appropriate. Every week paid at the lower rate is a week that will never be paid at the higher rate.

**l) Forms:**

- i) Maryland is a form intensive jurisdiction.
- ii) The forms must now be submitted through CompHub. Finding the correct form is often difficult. The pull down menu which contains all the forms appears as follows on the CompHub opening page:



**m) Maryland Rule 1-233.1: (Required Redaction)**

- i) Confidential identifier information, including Social Security numbers and Medical Records numbers must be redacted from filings with any Court or before the Commission.



**n) Interpreters:**

- i) The Commission will provide an interpreter for any language. However, the request for the interpreter must be made prior to the hearing.
- ii) Be certain to secure the reservation number. If the interpreter fails to appear the Commissioner will ask if you have a reservation number.
- iii) Employers must secure their own reservation number, even if the Claimant speaks the same foreign language, if the Employer has a witness with a language barrier. Although the interpreter may assist, they are not required to without a reservation number.

**o) Subpoenas:**

- i) Subpoenas shall be issued by the Commission upon request upon the *filing of issues* by any party.
- ii) Medical Record subpoenas remain subject to the 30 day waiting period.

**p) Hearing Exhibits:**

- i) The parties must now exchange medical records intending to be submitted as exhibits three days prior to the hearing.
- ii) However, the regulation indicates that it applies to medical records not previously exchanged. Thus, if previously provided, it does not appear those records must be produced prior to the hearing.

**q) Continuances:**

- i) Continuances are disfavored by the Commission.
- ii) If requested more than 30 days prior to the hearing, and the case was not previously continued, it will likely be granted.
- iii) If requested within 30 days of the hearing it will not likely be granted unless by consent of all parties.
- iv) If a Claimant fails to appear for an IME, it appears to be the practice of the Commission to grant a continuance.

### **13) Investigating the Claim**

#### **a) Contact with the Employer/supervisors.**

- i) Contact should be made as possible to verify the facts relevant to the claim, especially if there is a concern.
- ii) Secure information which may assist in the claim
  - (1) time & attendance sheets;
  - (2) personnel file;
  - (3) wage records;
  - (4) job description;
  - (5) medical records;
  - (6) health insurance carrier information;
  - (7) light/modified duty positions available;
  - (8) possible prior injuries while at work;
  - (9) contact information for Claimant's supervisor and/or any co-workers who may have been with the Claimant at the time of the injury;
  - (10) Social media information or other information that co-workers may possess, for example, recent trips or activities.

#### **b) Contact with Witnesses:**

- i) Consider taking a recorded statement;
- ii) Prior to taking statement, interview witness first, you may not want a recorded statement that would have to be produced later in discovery
- iii) If several witnesses or a very complicated case, consider in-person interviews. Determine who you want to do the interview. You may want an investigator so that the investigator can later testify.

#### **c) Contact with the Claimant :**

- i) The best opportunity to talk to Claimant before counsel is retained. Many Claimants' counsel will not permit their clients to talk to adjusters, although the adjuster and Employer are free to if the Claimant will speak with them.
- ii) Ask non leading questions about medical/job history;
- iii) Attempt to get information about:
  - (1) Specific details of the alleged event;
  - (2) The location of the alleged event;
  - (3) Specific details of the alleged injury;
  - (4) Current medical treatment;

- (5) Prior medical treatment;
- (6) Family physician;
- (7) Hobbies;
- (8) Perceived limitations and restrictions as a result of the alleged event;
- (9) Daily routines;

**14) Research Prior Claim and other information:**

- a) Check WCC online database by counsel.
- b) Counsel can print prior claim forms, settlements, notices, Orders, transcripts.
- c) Cannot access prior medicals unless counsel of record for claim.
- d) Make certain there is a current index completed.
- e) Social media.
- f) Google.

## NOTES:

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*These materials are merely a summary of the law and are not intended, and do not provide, legal advice, or create a lawyer-client relationship. Every case is different and the law is constantly changing. Legal advice should be tailored to each individual matter. You are urged to seek the advice of competent counsel should concerns or questions arise in a given matter. (2025 Rev.11/5/2025; © KT LLP)*

2025

MARYLAND

2025

## SCHEDULE OF DISABILITIES AND MAXIMUM BENEFITS

EFFECTIVE JANUARY 1, 2025

	FINGERS					HAND		ARM	TOES		FOOT	LEG	EYE	HEARING		BODY	
%	THUMB 100 WEEKS	FIRST (INDEX) 40 WEEKS	SECOND (MIDDLE) 35 WEEKS	THIRD (RING) 30 WEEKS	FOURTH (PINKY) 25 WEEKS	HAND 250 WEEKS	ARM 300 WEEKS	GREAT TOE 40 WEEKS	OTHER TOE 10 WEEKS	FOOT 250 WEEKS	LEG 300 WEEKS	EYE 250 WEEKS	ONE EAR 125 WEEKS	BOTH EARS 250 WEEKS	*OTHER CASES* 500 WEEKS	%	
1	1.00 498.00	0.40 199.20	0.35 174.30	0.30 149.40	0.25 124.50	2.50 625.00	3.00 750.00	0.40 199.20	0.10 25.00	2.50 625.00	3.00 750.00	2.50 625.00	1.25 312.50	2.50 625.00	5.00 1,250.00	1	
2	2.00 996.00	0.80 398.40	0.70 348.60	0.60 298.80	0.50 249.00	5.00 1,250.00	6.00 1,500.00	0.80 398.40	0.20 50.00	5.00 1,250.00	6.00 1,500.00	5.00 1,250.00	2.50 625.00	5.00 1,250.00	10.00 2,500.00	2	
3	3.00 1,494.00	1.20 597.60	1.05 522.90	0.90 448.20	0.75 373.50	7.50 1,875.00	9.00 2,250.00	1.20 597.60	0.30 75.00	7.50 1,875.00	9.00 2,250.00	7.50 1,875.00	3.75 937.50	7.50 1,875.00	15.00 3,750.00	3	
4	4.00 1,992.00	1.60 796.80	1.40 697.20	1.20 597.60	1.00 498.00	10.00 2,500.00	12.00 3,000.00	1.60 796.80	0.40 100.00	10.00 2,500.00	12.00 3,000.00	10.00 2,500.00	5.00 1,250.00	10.00 2,500.00	20.00 5,000.00	4	
5	5.00 2,490.00	2.00 996.00	1.75 871.50	1.50 747.00	1.25 622.50	12.50 3,125.00	15.00 3,750.00	2.00 996.00	0.50 125.00	12.50 3,125.00	15.00 3,750.00	12.50 3,125.00	6.25 1,562.50	12.50 3,125.00	25.00 6,250.00	5	
10	10.00 4,980.00	4.00 1,992.00	3.50 1,743.00	3.00 1,494.00	2.50 1,245.00	25.00 6,250.00	30.00 7,500.00	4.00 1,992.00	1.00 250.00	25.00 6,250.00	30.00 7,500.00	25.00 6,250.00	12.50 3,125.00	25.00 6,250.00	50.00 12,500.00	10	
15	15.00 7,470.00	6.00 2,988.00	5.25 2,614.50	4.50 2,241.00	3.75 1,867.50	37.50 9,375.00	45.00 11,250.00	6.00 2,988.00	1.50 375.00	37.50 9,375.00	45.00 11,250.00	37.50 9,375.00	18.75 4,687.50	37.50 9,375.00	75.00 37,350.00	15	
20	20.00 9,960.00	8.00 3,984.00	7.00 3,486.00	6.00 2,988.00	5.00 2,490.00	50.00 12,500.00	60.00 15,000.00	8.00 3,984.00	2.00 500.00	50.00 12,500.00	60.00 15,000.00	50.00 12,500.00	25.00 6,250.00	50.00 12,500.00	100.00 49,800.00	20	
25	25.00 12,450.00	10.00 4,980.00	8.75 4,357.50	7.50 3,735.00	6.25 3,112.50	62.50 15,625.00	75.00 37,350.00	10.00 4,980.00	2.50 625.00	62.50 15,625.00	75.00 37,350.00	62.50 15,625.00	31.25 7,812.50	62.50 15,625.00	125.00 62,250.00	25	
30	30.00 14,940.00	12.00 5,976.00	10.50 5,229.00	9.00 4,482.00	7.50 3,735.00	75.00 37,350.00	90.00 44,820.00	12.00 5,976.00	3.00 750.00	75.00 37,350.00	90.00 44,820.00	75.00 37,350.00	37.50 9,375.00	75.00 37,350.00	150.00 74,700.00	30	
35	35.00 17,430.00	14.00 6,972.00	12.25 6,100.50	10.50 5,229.00	8.75 4,357.50	87.50 43,575.00	105.00 52,290.00	14.00 6,972.00	3.50 875.00	87.50 43,575.00	105.00 52,290.00	87.50 43,575.00	43.75 10,937.50	87.50 43,575.00	175.00 87,150.00	35	
40	40.00 19,920.00	16.00 7,968.00	14.00 6,972.00	12.00 5,976.00	10.00 4,980.00	100.00 49,800.00	120.00 59,760.00	16.00 7,968.00	4.00 1,000.00	100.00 49,800.00	120.00 59,760.00	100.00 49,800.00	50.00 12,500.00	100.00 49,800.00	200.00 99,600.00	40	
45	45.00 22,410.00	18.00 8,964.00	15.75 7,843.50	13.50 6,723.00	11.25 5,602.50	112.50 56,025.00	135.00 67,230.00	18.00 8,964.00	4.50 1,125.00	112.50 56,025.00	135.00 67,230.00	112.50 56,025.00	56.25 14,062.50	112.50 56,025.00	225.00 112,050.00	45	
50	50.00 24,900.00	20.00 9,960.00	17.50 8,715.00	15.00 7,470.00	12.50 6,225.00	125.00 62,250.00	150.00 74,700.00	20.00 9,960.00	5.00 1,250.00	125.00 62,250.00	150.00 74,700.00	125.00 62,250.00	62.50 15,625.00	125.00 62,250.00	333.00 372,960.00	50	
55	55.00 27,390.00	22.00 10,956.00	19.25 9,586.50	16.50 8,217.00	13.75 6,847.50	137.50 68,475.00	165.00 82,170.00	22.00 10,956.00	5.50 1,375.00	137.50 68,475.00	165.00 82,170.00	137.50 68,475.00	68.75 17,187.50	137.50 68,475.00	367.00 411,040.00	55	
60	60.00 29,880.00	24.00 11,952.00	21.00 10,458.00	18.00 8,964.00	15.00 7,470.00	150.00 74,700.00	180.00 89,640.00	24.00 11,952.00	6.00 1,500.00	150.00 74,700.00	180.00 89,640.00	150.00 74,700.00	75.00 37,350.00	150.00 74,700.00	400.00 448,000.00	60	
65	65.00 32,370.00	26.00 12,948.00	22.75 11,329.50	19.50 9,711.00	16.25 8,092.50	162.50 80,925.00	195.00 97,110.00	26.00 12,948.00	6.50 1,625.00	162.50 80,925.00	195.00 97,110.00	162.50 80,925.00	81.25 40,462.50	162.50 80,925.00	433.00 484,960.00	65	
70	70.00 34,860.00	28.00 13,944.00	24.50 12,201.00	21.00 10,458.00	17.50 8,715.00	175.00 87,150.00	210.00 104,580.00	28.00 13,944.00	7.00 1,750.00	175.00 87,150.00	210.00 104,580.00	175.00 87,150.00	87.50 43,575.00	175.00 87,150.00	467.00 523,040.00	70	
75	75.00 37,350.00	30.00 14,940.00	26.25 13,072.50	22.50 11,205.00	18.75 9,337.50	187.50 93,375.00	225.00 112,050.00	30.00 14,940.00	7.50 1,875.00	187.50 93,375.00	225.00 112,050.00	187.50 93,375.00	93.75 46,687.50	187.50 93,375.00	500.00 560,000.00	75	
80	80.00 39,840.00	32.00 15,936.00	28.00 13,944.00	24.00 11,952.00	20.00 9,960.00	200.00 99,600.00	240.00 119,520.00	32.00 15,936.00	8.00 2,000.00	200.00 99,600.00	240.00 119,520.00	200.00 99,600.00	100.00 49,800.00	200.00 99,600.00	533.00 596,960.00	80	
85	85.00 42,330.00	34.00 16,932.00	29.75 14,815.50	22.50 11,205.00	21.25 10,582.50	212.50 105,825.00	340.00 380,800.00	34.00 16,932.00	8.50 2,125.00	212.50 105,825.00	340.00 380,800.00	212.50 105,825.00	106.25 52,912.50	212.50 105,825.00	567.00 635,040.00	85	
90	90.00 44,820.00	36.00 17,928.00	31.50 15,687.00	27.00 13,446.00	22.50 11,205.00	225.00 112,050.00	360.00 403,200.00	36.00 17,928.00	9.00 2,250.00	225.00 112,050.00	360.00 403,200.00	225.00 112,050.00	12.50 6,225.00	225.00 112,050.00	600.00 672,000.00	90	
95	95.00 47,310.00	38.00 18,924.00	33.25 16,558.50	28.50 14,193.00	23.75 11,827.50	237.50 118,275.00	380.00 425,600.00	38.00 18,924.00	9.50 2,375.00	237.50 118,275.00	380.00 425,600.00	237.50 118,275.00	118.75 59,137.50	237.50 118,275.00	633.00 708,960.00	95	
100	100.00 49,800.00	40.00 19,920.00	35.00 17,430.00	30.00 14,940.00	25.00 12,450.00	333.00 372,960.00	400.00 448,000.00	40.00 19,920.00	10.00 2,500.00	333.00 372,960.00	400.00 448,000.00	333.00 372,960.00	125.00 62,250.00	333.00 372,960.00	667.00 747,040.00	100	
First Tier:		\$250.00		Second Tier:		\$498.00		Third Tier:		\$1,120.00							

## NOTE:

The above rates are MAXIMUM figures. First tier benefits are paid at 1/3 AWW up to the maximum. Standard and Serious disability is paid at 2/3 AWW up to the maximum. The percent columns on the outside of the chart represent percentage of disability. The remaining columns show this percentage in terms of weeks and total benefits. The top figure in each box represents the number of weeks; the lower figure, dollar amounts. The red shaded boxes represent those awards of greater than 250 weeks which are paid the serious disability rate (\$1,120.00). The blue shaded boxes represent awards of less than 75 weeks are paid at the minor disability rate (\$250.00), except the fingers and great toe which are paid at the standard PPD rate (\$498.00). (Refer to Title 9-637 for permanent total disability rates.) State maximum for temporary/permanent total disability in 2025 is \$1,493.00. \*Based on software characteristics, minor differentials may exist in serious disability computations. © KT 2025

Historic Maryland Rates						
Year	First Tier	Second Tier	Max Serious Disability	Max Temporary Partial	Max TTD	Mileage Rate per Mile
2000	\$ 114.00	\$ 211.00	\$ 347.00	\$ 316.00	\$ 631.00	0.31
2001	\$ 114.00	\$ 223.00	\$ 501.00	\$ 334.00	\$ 668.00	0.32
2002	\$ 114.00	\$ 234.00	\$ 525.00	\$ 350.00	\$ 700.00	0.34
2003	\$ 114.00	\$ 241.00	\$ 542.00	\$ 361.00	\$ 722.00	0.34
2004	\$ 114.00	\$ 247.00	\$ 555.00	\$ 370.00	\$ 740.00	0.34
2005	\$ 114.00	\$ 257.00	\$ 578.00	\$ 385.00	\$ 770.00	Jan 1 - 0.445 July 1 - 0.40 Sept 21 - 0.48
2006	\$ 114.00	\$ 267.00	\$ 601.00	\$ 401.00	\$ 801.00	0.48
2007	\$ 114.00	\$ 283.00	\$ 636.00	\$ 424.00	\$ 848.00	0.485
2008	\$ 114.00	\$ 293.00	\$ 658.00	\$ 439.00	\$ 877.00	Jan 1 - 0.585 July 1 - 0.505
2009	\$ 130.00	\$ 302.00	\$ 680.00	\$ 453.00	\$ 906.00	0.55
2010	\$ 142.00	\$ 307.00	\$ 690.00	\$ 460.00	\$ 920.00	0.55
2011	\$ 157.00	\$ 314.00	\$ 705.00	\$ 470.00	\$ 940.00	Jan 1 - 0.585 July 1 - 0.555
2012	\$ 162.00	\$ 322.00	\$ 724.00	\$ 483.00	\$ 965.00	0.555
2013	\$ 166.00	\$ 330.00	\$ 743.00	\$ 495.00	\$ 990.00	0.565
2014	\$ 167.00	\$ 333.00	\$ 749.00	\$ 499.00	\$ 998.00	0.56
2015	\$ 168.00	\$ 335.00	\$ 754.00	\$ 503.00	\$ 1,005.00	0.575
2016	\$ 172.00	\$ 343.00	\$ 771.00	\$ 514.00	\$ 1,027.00	0.54
2017	\$ 176.00	\$ 351.00	\$ 789.00	\$ 526.00	\$ 1,052.00	0.535
2018	\$ 183.00	\$ 365.00	\$ 821.00	\$ 547.00	\$ 1,094.00	0.545
2019	\$ 187.00	\$ 372.00	\$ 837.00	\$ 588.00	\$ 1,116.00	0.58
2020	\$ 181.00	\$ 360.00	\$ 810.00	\$ 540.00	\$ 1,080.00	0.575
2021	\$ 176.00	\$ 350.00	\$ 788.00	\$ 525.00	\$ 1,050.00	0.56
2022	\$ 224.00	\$ 446.00	\$ 1,004.00	\$ 669.00	\$ 1,338.00	Jan 1 - .585 June 17 - .625
2023	\$ 235.00	\$ 467.00	\$ 1,052.00	\$ 701.00	\$ 1,402.00	0.655
2024	\$ 244.00	\$ 486.00	\$ 1,092.00	\$ 728.00	\$ 1,456.00	0.67
2025	\$ 250.00	\$ 498.00	\$ 1,120.00	\$ 747.00	\$ 1,493.00	0.7
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