

**WAC 296-14-410 Reduction, suspension, or denial of compensation as a result of noncooperation.** (1) **Can the department or self-insurer reduce, suspend or deny industrial insurance benefits from a worker?** The department or the self-insurer, after receiving the department's order, has the authority to reduce, suspend or deny benefits when a worker (or worker's representative) is noncooperative with the management of the claim.

(2) **What does noncooperative mean?** Noncooperation is behavior by the worker (or worker's representative) which obstructs and/or delays the department or self-insurer from reaching a timely resolution of the claim.

(a) Noncooperation can include any one of the following:

(i) Not attending or cooperating with medical examinations or vocational evaluations requested by the department or self-insurer.

(ii) Failure to keep scheduled appointments or evaluations with the attending provider or vocational counselor.

(iii) Engaging in unsanitary or harmful actions that jeopardize or slow recovery.

(iv) Not accepting medical and/or surgical treatment that is considered reasonably essential for recovery from the industrial injury or occupational disease.

(3) **Are there ever exceptions to attending a scheduled examination or vocational evaluation?** The worker will not be considered uncooperative if refusal to attend a scheduled examination is for any one of the following reasons:

(a) The department or self-insurer did not mail notice to the worker and designated representative at least 14 but no more than 60 days prior to the examination. The notice must contain the date, time and location of the examination.

(b) If the worker is 30 or less minutes late for the appointment.

(c) If the worker has not been examined or evaluated and leaves after waiting for more than one hour after the scheduled time.

(4) **What actions are taken before reducing, suspending or denying industrial insurance benefits?**

(a) The department or self-insurer must first send a letter to the worker (or the worker's representative) advising that benefits may be suspended and asking for an explanation for the noncooperation, obstruction and/or delay of the management of the claim.

(b) The worker has 30 days to respond in writing to the letter. This written response should include the reason(s) the worker has for not cooperating with the department or self-insurer.

(5) **What are the actions the department can take if a worker (or a worker's representative) is determined to be noncooperative?** If the worker does not respond in 30 days to the letter asking for justification for not cooperating or it is determined there is no good cause the department or self-insurer, after receiving the department's order, may take the following action:

(a) Reduce current or future time-loss compensation by the amount of the charge incurred by the department or self-insurer for any examination, evaluation, or treatment that the worker failed to attend.

(b) Reduce, suspend or deny all or part of the time-loss benefits.

(c) Suspend or deny medical benefits.

[Statutory Authority: RCW 51.04.020, 51.04.030, and 51.36.010. WSR 25-11-071, s 296-14-410, filed 5/20/25, effective 7/1/25. Statutory Authority: RCW 51.04.020. WSR 99-18-062, § 296-14-410, filed 8/30/99,

effective 9/30/99. Statutory Authority: RCW 51.32.110 and 51.32.190(6). WSR 90-19-028, § 296-14-410, filed 9/12/90, effective 10/13/90.]