
In the Matter of the Compensation of
RICK L. SCHNEIDER, Claimant
Own Motion No. 05-0259M
OWN MOTION ORDER
Unrepresented Claimant
General Insurance Co/America, Insurance Carrier

Reviewing Panel: Members Kasubhai and Lowell.

The insurer has submitted a “Carrier’s Own Motion Recommendation” form, indicating that claimant requests that it reopen his 1998 injury claim for a “worsening” of his previously accepted right knee conditions. *See* ORS 656.278(1)(a) (2001). The insurer recommends against reopening the claim.

Claimant sustained a compensable right knee injury on January 6, 1998. Claimant’s aggravation rights have expired. The insurer issued a denial on July 20, 2005, contending that claimant’s current need for treatment was not the responsibility of the insurer. No hearing has been requested regarding that denial.¹ Thus, the denial is final by operation of law. ORS 656.319(1). Consequently, claimant’s medical services claim for his accepted right knee conditions remain in denied status.²

Under such circumstances, we are unable to authorize the reopening of the claim for a worsening of claimant’s previously accepted right knee conditions

¹ In addition, the insurer issued a “Notice of Incomplete Claim,” indicating that claimant has not initiated a “post-aggravation rights” new or omitted medical condition claim. Because the insurer’s Own Motion Recommendation only pertains to a “worsening” claim for previously accepted conditions, we have limited our review to the question of whether his Own Motion claim should be reopened for a “worsening” of his accepted conditions. ORS 656.278(1)(a).

If claimant wishes to initiate a new or omitted medical condition claim, he may file a written request with the insurer, seeking formal written acceptance of the specific new or omitted medical condition(s). If such a claim is made, the insurer must process it under the Board’s Own Motion rules.

² Additionally, the insurer contended that claimant’s compensable conditions have not worsened requiring the requisite medical treatment and resulting in an “inability to work.” ORS 656.278(1)(a) (2001). In this particular case, these matters need not be addressed because even if the “medical treatment” and “inability to work” issues were found in claimant’s favor, the claim would still not qualify for reopening under ORS 656.278(1)(a) (2001) for the reasons expressed above.

under ORS 656.278(1)(a) (2001). *Stephen P. Angermayer*, 56 Van Natta 3796 (2004). Accordingly, the request for claim reopening is denied.³

IT IS SO ORDERED.

Entered at Salem, Oregon on December 14, 2005

³ Inasmuch as claimant is unrepresented, he may wish to consult the Workers' Compensation Ombudsman, whose job it is to assist injured workers in such matters. He may contact the Workers' Compensation Ombudsman, free of charge, at 1-800-927-1271, or write to:

WORKERS' COMPENSATION OMBUDSMAN
DEPT OF CONSUMER & BUSINESS SERVICES
PO BOX 14480
SALEM, OR 97309-0405