



STATE OF OREGON
POSITION DESCRIPTION

Position Revised Date:
6/17/2025

This position is:

- Classified
Unclassified
Executive Service
Mgmt Svc – Supervisory
Mgmt Svc – Managerial
Mgmt Svc - Confidential

Agency: Department of Consumer & Business Services

Facility: Labor & Industries Building

New Revised

SECTION 1. POSITION INFORMATION

a. Classification Title: Compliance Specialist 3
b. Classification No: C5248
c. Effective Date: April 1, 2025
d. Position No: 9000.819
e. Working Title: Appellate Review Specialist
f. Agency No: 44000
g. Section Title: Resolution Section (Appellate Review Unit)
h. Budget Auth No: 000231350
i. Employee Name: vacant
j. Repr. Code: OAS
k. Work Location (City – County): Salem – Marion
l. Supervisor Name: Steve Passantino

m. Position: Permanent Seasonal Limited Duration Academic Year
Full-Time Part-Time Intermittent Job Share

n. FLSA: Exempt Non-Exempt
If Exempt: Executive Administrative Professional Computer
o. Eligible for Overtime: Yes No

SECTION 2. PROGRAM AND POSITION INFORMATION

a. Describe the program in which this position exists. Include program purpose, who's affected, size, and scope. Include relationship to agency mission.

The Department of Consumer and Business Services (DCBS) is Oregon's largest business regulatory and consumer protection agency. The department administers state laws and rules to protect consumers and workers in the areas of workers' compensation, occupational safety and health, financial services, insurance and building codes.

DCBS consists of the Workers' Compensation Division; Oregon Occupational Safety and Health Division; Division of Financial Regulation; Building Codes Division; Small Business Ombudsman; and Ombudsman for Oregon Workers. The department provides shared services to all divisions through the Director's Office and Central Services Division. The department also provides shared services to the Workers' Compensation Board. DCBS employs 950 employees and has a biennial operating budget of approximately \$685 million.

The Workers' Compensation Division administers, regulates, and enforces the law to protect benefits related to workers' on-the-job injuries and illnesses, while providing a positive business climate for Oregon businesses. Workers, employers, insurance companies, medical and vocational providers, attorneys, service companies and others participate in the workers' compensation system. The division has 175 positions and a biennial operations budget of approximately \$60 million. The division is led by the Administrator's Office and is organized into four sections: Modernization Operations, Performance, and Resolution.

WCD's mission: "We ensure an equitable workers' compensation system for all."

The **Resolution Section** regulates and administers workers' compensation benefits; promotes and facilitates stay-at-work and early return-to-work; and provides fast, flexible, and impartial dispute resolution services. The section resolves disputes about insurer decisions regarding claim classification, claim closure, temporary disability awards, permanent disability awards, vocational assistance eligibility, and other vocational assistance decisions. Actions of the section affect the amount and timeliness of benefits received by injured workers.

The **Appellate Review Unit (ARU)** develops and administers disability rating standards for injured workers. It provides training and education to the industry to promote accurate benefits administration and to prevent disputes. When disputes occur, it schedules medical arbiter examinations when warranted and resolves disputes regarding claim classification, claim closure, and disability awards. Disputes are resolved accurately and in an impartial and objective manner through administrative review and by facilitating alternative dispute resolution.

b. Describe the primary purpose of this position, and how it functions within this program. Complete this statement. The primary purpose of this position is to:

Resolve disputes by issuing a legally binding Order on Reconsideration after the completion of a thorough analysis of the claim closure and disputed issues, including compliance with claim closure statute. The Order on Reconsideration is written by applying the Oregon Revised Statutes, the Oregon Administrative Rules, case law, and the Workers' Compensation Division bulletins, policies, procedures and other applicable guidelines to individual, complex case specific facts. In some cases, facilitate the dispute by mutual agreement of the parties through negotiation, mediation and/or education. Resolving disputes timely and fairly contributes to the improved delivery of benefits and services for injured workers while reducing litigation costs.

SECTION 3. DESCRIPTION OF DUTIES

List the major duties of the position. State the percentage of time for each duty. Mark "N" for new duties, "R" for revised duties or "NC" for no change in duties. Indicate whether the duty is an "Essential" (E) or "Non-Essential" (NE) function.

% of Time	N/R/NC	E/NE	DUTIES
<i>Note: If additional rows of the below table are needed, place cursor at end of a row (outside table) and hit "Enter".</i>			
Ongoing			<p><i>Perform position duties in a manner which promotes customer service and harmonious working relationships, including treating all persons courteously and respectfully. Engage in effective team participation through willingness to assist and support co-workers, supervisors, and other work-related associations. Develop good working relationships with division and agency staff and supervisors through active participation in accomplishing group projects and in identifying and resolving problems in a constructive manner. Demonstrate openness of constructive feedback and suggestions, in an effort to strengthen work performance. Contribute to a positive, respectful and productive work atmosphere.</i></p> <p><i>Foster and promote the importance and value of a diverse, discrimination and harassment free workplace. Respect diversity of opinions, ideas, and cultural differences. Support outreach and diversity related efforts in order to diversify the workforce.</i></p> <p><i>Regular attendance is an essential function required to meet the demands of this job and to provide necessary services.</i></p>
50%		E	<p>Independently analyze, interpret, and evaluate complex medical and legal information pertaining to disputes arising from the insurers and self-insured employers determination of benefits at claim closure. On each case, determine the timeliness of the appeal, thoroughly review the record provided, determine and obtain what additional information is required, and develop an inclusive medical/legal record sufficient for judicial review. Conduct medical/legal analysis and fact finding relevant to the issues in dispute. Analyze a myriad of case facts and determine appropriate actions for dispute resolution. Determine the insurer's and/or self-insured employer's compliance with statute and administrative rules for claim closure and, if appropriate, sanction the insurer/self-insured employer by ordering the closure to be overturned.</p> <p>Once compliance with claim closure requirements has been established, determine</p>

			benefit entitlement. Independently analyze complex medical findings which regularly involve multiple body areas and systems. Apply the appropriate statutes, administrative rules, case law, and reasoning, while objectively and fairly reviewing the technically complex information to determine the worker's entitlement benefits.
20%		E	Determine if a medical arbiter examination is required in the resolution of the dispute. Select a physician, or panel of physicians with the appropriate medical specialty specific to the accepted medical condition(s). Author relevant technical and medical questions to be addressed by the medical arbiter physician. Establish what medical and claim information is appropriate for review by the medical arbiter physician based on statute and administrative rules. Analyze and interpret findings from the physician following the examination of the injured worker. Determine whether further clarification of the examination findings is necessary to evaluate the extent of permanent disability. The Appellate Review Specialist is not bound by the medical arbiter report, but weighs it in light of the record as a whole and incorporates it into the analysis, decision making, and order.
20%		E	Author complex, legally binding Orders on Reconsideration which must not only make conclusion of law, but must meld medical evidence and rationale with the legal framework and requirements. Each case is complex and decided on its own merits. The objective decision must be medically and legally sound. In cases where the injured worker fails to attend or cooperate with a mandatory medical arbiter examination, determine and order the suspension of the worker's benefits as appropriate. Provide input and analysis as to whether a formal case specific temporary administrative rule is necessary to accurately address impairment. Provide input into the development and review of administrative rules, implementation of new legislation, operational policies and procedures, position description review, and agency goals.
10%		E	Provide consultation and training on complex technical, medical and legal issues, via telephone, in-person or written communications to injured workers, insurers, medical providers, attorneys, employers, and the general public. Consultation and training address statutes, case law, rules, regulations, and policies to gain or clarify information relevant to the dispute or dispute resolution process. Give authoritative advice or information on program content and service delivery. Resolve disputes through use of effective communication, and alternative dispute resolution skills and processes including, but not limited to, facilitating agreements via in-person, phone, and written negotiation, mediation and education. May develop and present educational packages and/or programs for WCD staff, insurers, medical service providers and attorneys with the purpose of promoting understanding of the Oregon statutes, administrative rules, and the dispute resolution and alternative dispute resolution (ADR) processes. Participate in special projects, process improvement efforts, or other duties as assigned by manager. Utilize computer and internet skills to research medical and legal issues, including case law, and operate word processing and other computer programs to compose letters, medical arbiter questions, and Orders on Reconsideration. Other duties as assigned.
<u>100%</u>			

SECTION 4. WORKING CONDITIONS

Describe any on-going working conditions. Include any physical, sensory, and environmental demands. State the frequency of exposure to these conditions.

Normal office environment. Individual work schedules may vary as agreed to by the manager. May be intermittently subject to threats or abusive language from difficult, hostile, and/or abusive person either in person or on the telephone. Travel required periodically.

This position is eligible for remote work full-time, once the incumbent has gained the proficiency to perform work independently. The incumbent may occasionally be asked to work from the office on an as-needed basis.

SECTION 5. GUIDELINES

a. List any established guidelines used in this position, such as state or federal laws or regulations, policies, manuals, or desk procedures.

Oregon Revised Statutes
Oregon Administrative Rules
Workers' Compensation Board hearing decisions
Court of Appeal and Supreme Court decisions
Workers' Compensation Division Bulletins
American Medical Association "Guides to the Evaluation of Permanent Impairment"
Anatomy text books and reference materials
Appellate Review Unit Quality Assurance Manual
Dictionary of Occupational Titles
Agency Policy and Procedures/Desk Procedures
WCD Policy Directives
Oregon Rules of Civil Procedure
DHHS Federal Register for Poverty Guidelines

b. How are these guidelines used?

The Appellate Review Specialist must have an in-depth and comprehensive understanding of the above documents in order to analyze, interpret, and evaluate complex medical information and legal issues. The above are also utilized to ensure consistency in making case decisions, authoring Orders, Stipulations, compiling statistical or informational reports, and other written or verbal communication.

Many case scenarios and facts are not specifically addressed by the guides noted above, requiring the Appellate Review Specialist to make decisions based on broader legal principles and/or complex medical and technical reasoning.

SECTION 6. WORK CONTACTS

With whom, outside of co-workers in this work unit, must the employee in this position regularly come in contact?

Who Contacted	How	Purpose	How Often?
Injured Workers, Insurers, Employers, Attorneys, General Public	Telephone / Person / Letter	To resolve disputes, provide technical guidance and training, medical / legal interpretation, address inconsistencies, report on progress, discuss time frames.	Daily
Medical Providers	Telephone / Person / Letter	To consult, train, provide case-specific technical guidance, authorize necessary medical testing.	Daily

Note: If additional rows of the below table are needed, place cursor at end of a row (outside table) and hit "Enter".

Agency Staff	Telephone / Person / Letter	To exchange information, provide interpretation of rules and regulations; provide medical/ technical guidance or consultation.	Daily
Administrative Staff	Telephone / Person / Letter	To consult, report on progress, confirm interpretations, seek guidance in complicated areas, provide legal, medical or technical guidance or input.	Weekly

SECTION 7. POSITION RELATED DECISION MAKING

Describe the typical decisions of this position. Explain the direct effect of these decisions.

The Appellate Review Specialist must have highly developed analytical ability and professional judgment. They must use their medical, technical and legal knowledge to independently analyze and interpret complex medical information, legal issues, statute, administrative rules, case law, and policy as they apply to individual cases in the reconsideration process, to ensure legally and medically sound, objective decisions. Appellate Review Specialists must make decisions regarding the insurer's compliance with statute and administrative rules for claim closure and, if appropriate, order the closure to be overturned. Once compliance with claim closure requirements is found to be appropriate, decisions regarding the entitlement and extent of temporary disability, permanent partial disability, and/or permanent total disability are determined. When an increase in permanent partial disability is granted at reconsideration, the Appellate Review Specialist determines whether a penalty should be assessed against the insurer or self-insured employer. Such decisions concerning the amount and payment of disability compensation and penalties can positively or adversely affect the injured worker in many aspects of their life, including financial status, mental well-being, and/or vocational benefits. The determination of disability compensation during the course of a year amounts to millions of dollars in disability awards by each Appellate Review Specialist.

Decisions are made independently by the Appellate Review Specialist and are legally binding on the parties. The order instructs the insurer or self-insured employer to pay specific benefits to injured workers. The manager does not review the order before being issued. The record developed by the Appellate Review Specialist at the close of the reconsideration proceeding is binding for future appeals of that closure. Therefore, it is critical that all evidence necessary to determine impairment and work disability be obtained and included in the record prior to the close of the reconsideration proceeding as this could adversely affect the objectivity of the award, future litigation, and claim benefits. If the order is appealed it first goes to an Administrative Law Judge (ALJ) at the Workers' Compensation Board, then to a Workers' Compensation Board panel, the Court of Appeals, and finally the Supreme Court.

Prioritize work to maintain compliance with statutorily mandated time frames for the reconsideration proceeding. Examine new requests for reconsideration to identify issues, obtain and review the record, and decide if more information is needed. Determine the need for a medical arbiter examination or a medical record review by an impartial physician and identifies the appropriate medical specialists needed depending on the medical conditions involved. Review and analyze claim documents, litigation Orders, and the record to determine and develop appropriate questions for the medical arbiter. Review the medical arbiter report and apply statutes and Oregon Administrative Rules to determine the extent of disability. Determine whether further clarification is needed. Confirm the worker's attendance with the mandatory medical arbiter examination and determine suspension of benefits for failure to do so without good cause. If suspension of benefits remains in effect at the close of the reconsideration proceeding, any disability benefits for this claim closure remain suspended and are not subject to review.

Identify program, legal or policy problems and recommend options and solutions to manager. Also should identify cases where there may be political implications and recommend options and solutions to manager.

SECTION 8. REVIEW OF WORK

Who reviews the work of the position?

Classification Title	Position Number	How	How Often	Purpose of Review
Compliance & Regulatory Manager 1	4000.035	<p>The Appellate Review Specialist independently performs all aspects of the job, including planning and managing their workload within mandated time frames and resolving each dispute by authoring the Order on Reconsideration or by using alternative dispute resolution mediation processes. The Appellate Review Specialist's decisions in the Order on Reconsideration are not reviewed for accuracy by the manager before being issued. They are responsible for the technical, medical and legal correctness of their product, methods, technique and process, identifying problems in either process or technical application and independently resolving them. Those problems that are most complicated or with a broader affect are usually staffed with the manager, lead workers, and peers to determine the best solution.</p> <p>Oversees assigned duties, work processes, workload, work schedules and priorities, provides some interpretation and clarification of rules, and law as needed. Manager provides guidance for most unusual scenarios, or new law, but this usually only addresses a very small percentage of the overall cases. A small percentage of Orders are reviewed on a regular basis for quality assurance.</p>	Formal written evaluations are provided annually for permanent staff by the Unit Manager and reviewed by the Section Manager to monitor work performance and professional growth, to recognize achievements and to set goals and expectations. Manager keeps staff advised of progress in meeting unit standards in individual production and quality. Individual, informal sessions are done on an as needed basis to provide support, feedback, direction, re-direction, coaching or discipline.	

Note: If additional rows of the below table are needed, place curser at end of a row (outside table) and hit "Enter".

SECTION 9. OVERSIGHT FUNCTIONS**THIS SECTION IS FOR SUPERVISORY POSITIONS ONLY**

a. How many employees are directly supervised by this position? 0
 How many employees are supervised through a subordinate supervisor? 0

b. Which of the following activities does this position do?

- | | |
|--------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Plan work | <input type="checkbox"/> Coordinates schedules |
| <input type="checkbox"/> Assigns work | <input type="checkbox"/> Hires and discharges |
| <input type="checkbox"/> Approves work | <input type="checkbox"/> Recommends hiring |
| <input type="checkbox"/> Responds to grievances | <input type="checkbox"/> Gives input for performance evaluations |
| <input type="checkbox"/> Disciplines and rewards | <input type="checkbox"/> Prepares & signs performance evaluations |

SECTION 10. ADDITIONAL POSITION-RELATED INFORMATION

ADDITIONAL REQUIREMENTS: List any knowledge and skills needed at time of hire that are not already required in the classification specification:

Special Requirements:

Position is subject to a criminal background check.

BUDGET AUTHORITY: If this position has authority to commit agency operating money, indicate the following:

Operating Area	Biennial Amount (\$00000.00)	Fund Type
<i>Note: If additional rows of the below table are needed, place curser at end of a row (outside table) and hit "Enter".</i>		

SECTION 11. ORGANIZATIONAL CHART

Attach a current organizational chart. Be sure the following information is shown on the chart for each position: classification title, classification number, salary range, employee name and position number.

SECTION 12. SIGNATURES

_____ Employee Signature	_____ Date	_____ Supervisor Signature	_____ Date
_____ Appointing Authority Signature	_____ Date		