



WORKERS' COMPENSATION FRAUD

By: Jack Gilhooly & Norm Burdick

Claims of workers' compensation fraud have gathered media attention recently as further workers' compensation reform remains the subject of possible legislation in Springfield. To be perfectly clear, there is absolutely NO place in our system for fraud. However, it must also be noted that, contrary to media belief, our system is NOT overrun with fraud. As importantly, it needs to be further noted that allegations of workers' compensation fraud do not involve only the injured worker. Instead, workers' compensation fraud takes on many faces including the fraudulent employer and/or insurance broker that provide false certificates of insurance or employers that commit premium fraud on their own insurer by either under reporting their payroll or misclassifying their employees (i.e. classifying a roofer as support staff) in order to reduce premium amounts. In fact, some industry representatives submit that premium fraud is actually a greater problem facing the insurance industry than the occasional isolated claim of an injured worker. Lastly, workers' compensation fraud can also include false claims submitted by medical providers for medical services never performed. As a group, we need to work together to defend our system and continue to rid our system of all of these potential types of fraud. Understanding what actually constitutes fraud, and the procedures taken to prosecute it, will hopefully serve that end.

The Illinois Workers' Compensation Act was amended in 2005 establishing provisions devoted specifically to criminalizing workers' compensation fraud in Illinois (820 ILCS 305/25.5). The amendments to the Act required the Illinois Department of Insurance to create an investigative unit, referred to as the Workers' Compensation Fraud Unit (WCFU), charged with the task of investigating allegations of workers' compensation fraud. Specifically, it is the duty of the WCFU to determine the identity of insurance carriers, employers, employees and other persons or entities regarding possible violations of the fraud provisions of the Act and, if appropriate, to recommend prosecution to the local County or State charging agency.

Section 25.5 of the Workers' Compensation Act specifically defines fraudulent acts as follows:

(a) It is unlawful for any person, company, corporation, insurance carrier, healthcare provider or other entity to:

1. Intentionally making or causing to be made any false or fraudulent material statement or material representation on an initial or renewal self-insurance application or accompanying financial statement for the purpose of obtaining self-insurance status or reducing the amount of security that may be required to be furnished;

2. Intentionally making or causing to be made any false or fraudulent material statement or material representation for the purpose of obtaining or denying any workers' compensation benefit;

3. Intentionally making or causing to be made any false or fraudulent

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statements with regard to entitlement to workers' compensation benefits with the intent to prevent an injured worker from making a legitimate claim for workers' compensation benefits;

4. Intentionally preparing or providing an invalid, false, or counterfeit certificate of insurance as proof of workers' compensation insurance;

5. Intentionally making or causing to be made any false or fraudulent material statement or material representation for the purpose of obtaining workers' compensation insurance at less than the proper rate for that insurance;

6. Intentionally presenting or causing to be presented any false or fraudulent claim for the payment of any workers' compensation benefit;

7. Intentionally making or causing to be made any false or fraudulent material statement to the WCFU in the course of an investigation or fraud or insurance non-compliance;

8. Intentionally assisting, abetting, soliciting, or conspiring with any person, company or other entity to commit any of the acts listed above.

9. Intentionally present a bill or statement for the payment for medical services that were not provided (this provision was added in the 2011 amendments to the Act).

In 2011, amendments further reformed the sentencing provisions which base the punishment for a violation of the Act's fraud provisions on the value of the property the person convicted of fraud obtained or attempted to obtain. The new sentencing guidelines of the Act are as follows:

1. A violation in which the value of the property obtained or attempted to be obtained is \$300.00 or less is a Class A Misdemeanor;

2. A violation in which the value of the property obtained or attempted to be obtained is more than \$300.00, but less than \$10,000.00 is a Class 3 Felony;

3. A violation in which the value of the property obtained or attempted to be obtained is more than \$10,000.00, but not more than \$100,000.00 is a Class 2 Felony;

4. A violation in which the value of the property obtained or attempted to be obtained is more than \$100,000.00 is a Class 1 Felony (820 ILCS 25.5(b)305).

The 2011 amendment also gave broader subpoena powers to the WCFU. Specifically, the Act states that the WCFU has the general power of subpoena of the Department of Insurance, including the authority to subpoena a medical provider, pursuant to Section 8-802 of the Code of Civil Procedure (820 ILCS 305-25.5 (c)). Section 8-802 of the Code of Civil Procedure, which defines the physician-patient privilege in Illinois, states that "no physician or surgeon shall be permitted to disclose any information he or she may have acquired in attending any patient in a professional character, necessary to enable him or her professionally to serve the patient, except...upon the issuance of a subpoena pursuant to Section 25.5 of the Workers'

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Thursday September 4, 2014

MEDICAL SEMINAR

September 19 - 8 AM - 12:30 PM
Chicago Cultural Center

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NOMINATION OF OFFICERS

November 12 - 3:00 PM

HOLIDAY PARTY

December 5 - 5:30 - 11:30 PM
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PROGRAMS will be held in the JRTC Assembly Hall which is the auditorium on the Concourse (basement) level of the James R. Thompson Center (State of Illinois Building) at 100 W. Randolph in Chicago. All programs begin at 12:00 noon and end at 1:00 pm. The next three dates are as follows:

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Compensation Act.” (735 ILCS 5/8-802). A further change from the 2011 amendment of the Act no longer requires the WCFU to notify the target of a potential investigation regarding the receipt of a complaint nor disclose the identity of the complainant.

WCFU Investigations

The investigation of alleged workers’ compensation fraud falls under the supervision of the Workers’ Compensation Fraud Unit of the Department of Insurance. Complainants are required by statute to identify themselves and can report alleged fraud by mail, e-mail or telephone. Upon receipt of a complaint, the WCFU reviews each complaint to determine whether it alleges a violation of the Act’s fraud provisions to warrant further investigation. If the initial complaint is deemed to be frivolous, legally insufficient or unsubstantiated, the investigation ceases and the report is closed (often times frivolous complaints are made by ex-spouses or disgruntled neighbors). If the WCFU finds evidence sufficient to justify further inquiry, however, the case is assigned for investigation.

The primary responsibility of the WCFU is to conduct investigations and refer worthy cases for prosecution. The WCFU conducts field investigations, reviews surveillance tapes, issues numerous subpoenas, reviews insurance, payroll, medical and other records. At the conclusion of each investigation, a review of the sufficiency of evidence is conducted. If the inquiry does not produce evidence deemed sufficient to prosecute an individual or entity of workers’ compensation fraud, the case is dismissed. Investigations that produce sufficient evidence to prosecute are referred to the Attorney General’s Office or the

State’s Attorney Office of the County where the offense occurred. The power to decide whether to file criminal charges rests solely with the prosecutor who received the WCFU referral.

Statistics

In 2012 (the most recent year of reported statistics), the WCFU received 119 allegations of fraud. Of those complaints received, 71 (approximately 60%) did not warrant further investigation because of insufficient evidence, lack of jurisdiction or because of the statute of limitations had expired.

The WCFU investigated 64 allegations of insurance fraud in 2012 (26 investigations remained open from 2011, 2 remained open from 2010 and an additional 36 were opened in 2012). In 2012, the WCFU referred 18 cases to the Office of the Attorney General and/or the various County State’s Attorneys for prosecution. Of the cases referred for prosecution in 2012, 7 were indicted, 8 were declined, 2 were still pending review and 1 was withdrawn. According to the head of the WCFU, the most investigated complaint by the Unit pertains to employees making false or fraudulent material statements to obtain benefits. The second most investigated complaint pertains to agents or employers preparing and/or providing false certificates of insurance.

Case Law

There is only one reported Appellate Court Decision applying the workers’ compensation fraud provisions of the Act. See *People v. O’Shana*, 358 Ill.Dec.695,965 N.E.2d 1174 (2012). In *O’Shana*, the claimant was charged criminally with workers’ compensation fraud pursuant to 820ILCS 305/25.5 (a). There was no dispute that the

claimant was injured at work after falling out of the back of a truck trailer. The claimant reported the accident to the employer’s safety director and sought emergency room treatment for injury to his left shoulder. He was authorized off work and advised to follow up with a specialist. Almost immediately, the employer’s insurance administrator engaged the services of a private investigation company to perform surveillance. The surveillance was conducted only 13 days after the accident. The surveillance documented the claimant to be moving about freely. It also documented the claimant driving to a construction site, placing on a hard hat and appearing to be involved in overseeing various contractors while carrying blueprints. There were no outward signs of any disability. The claimant’s movements were described as “uninhibited.” At the same time, the Claimant was reporting to his treating orthopedic physician complaints of extreme disability (pain level 9/10). The claimant reported that he was in bed most of the time and had to crawl to the toilet and could only walk with the help of a cane or crutches. The claimant also reported to the employer’s IME physician that any motion of his right arm caused pain, that there was a burning sensation radiating down his right arm, and he could not raise his right arm.

The evidence in *O’Shana* further showed that, shortly after being injured, the claimant provided a recorded statement to the TPA wherein he denied working for any other employer. At his criminal trial, however, a general contractor testified that he subcontracted work to the claimant, who worked for the general contractor a total of 27 days post work injury.

The claimant filed an Application

for Adjustment of Claim with the IWCC. Although there was no dispute regarding the accident, the employer did not pay the claimant any TTD benefits (presumably based upon the surveillance evidence showing that he may be working). A 19(b) Petition was filed by claimant's attorney, however, the matter never proceeded forward to hearing before an Arbitrator (in fact it is still pending today). Instead, the employer referred the matter to the Department of Insurance's WCFU. The claimant was subsequently indicted and convicted of two counts of workers' compensation fraud and sentenced to 24 months of probation and ordered to pay fines, fees and restitution to the insurance carrier.

On appeal, the Appellate Court reversed one count of the conviction which essentially found that the claimant had filed a fraudulent workers' compensation claim. In regards to claimant's post-injury employment, the Court noted that a claimant who was disabled from performing his regular job duties does not lose his eligibility for workers' compensation benefits merely by performing temporary light duty work elsewhere. Although the claimant never advised anyone that he was doing such work, the Court noted that Section 25.5 makes criminal only affirmative actions of fraud—a fraudulent claim or statement—not mere silence. In reversing the one count, the Appellate Court agreed with claimant that the recorded statement he gave (denying employment elsewhere) was too vague to have supported a conviction for fraud. The Court ultimately affirmed Petitioner's conviction as to count II, however, based upon the trial court's finding that the claimant intentionally made a false or fraudulent material statement for the purpose of obtaining workers' compensation benefits.

In sum, it was the affirmative and clearly misleading statements that the claimant made to the treating and IME physicians, which were contradicted by the surveillance tapes, which ultimately supported the conviction of fraud. However, video surveillance alone which documents a claimant exceeding his physician's restrictions does not constitute fraud!

Conclusion

Allegations of workers' compensation reform should be taken very seriously by both sides of the bar. An employee who fraudulently obtains benefits should be prosecuted to the fullest extent of the law as should an employer that commits either premium fraud or presents a false certificate of insurance (thereby exposing workers' and their families to facing the possibility of having no insurance protection for possibly catastrophic claims) or the medical provider that submits billing for services never performed. One conviction of workers' compensation fraud is one too many—no one wins. However, the actions of a few should not cloud the rights and benefits of the many...and the political/media driven notion that we work within a system that is fraught with corruption and fraud is simply unfounded.

** Information referred herein was provided with the assistance of Bill Blumthal, Deputy Director of WCFU, as well as the 2013 Annual Report of the Illinois Department of Insurance's Workers' Compensation Fraud Unit.*

All opinions expressed, however, are those of the author(s) and not the WCFU.

IN MEMORIAM

MARY J. MCNICHOLS

Mary J. McNichols lost her brave battle with cancer on April 6, 2014. She was an attorney, musician, director, instructor, mother, spouse and in my humble opinion, one of the best legal writers I have ever been associated with in my twenty-seven years of practice. The WCLA mourns her passing and shares a few words from one of our members.

- John J. Castaneda,
Chair of the WCLA Newsletter Committee.

I had the great good fortune of both knowing Mary as a friend and as a professional. It is hard to state with certainty in which category she most excelled because she was such a good friend and such a good lawyer.

I first met Mary professionally when she was working with her Dad (John McNichols) and would appear on behalf of their clients at the Commission. She struck me as a thoughtful and incredibly well prepared young lawyer. The expression — the devil is in the details — epitomized Mary's ability to grasp all of the details of any of my cases and she made me a better lawyer as a result. My preparation just had to be that much more involved.

Ultimately, after some years, Mary joined my firm, Sweeney & Riman, in defense against workers' compensation claims. The benefit of having an exceptional and respected trial lawyer on our team is obvious. The extra benefit of being able to share thoughts about strategy and case precedent with an exceptional lawyer is a comfort beyond measure.

It is interesting that despite her great ability in the courtroom, and before the circuit court or appellate court, when I think of Mary my first thoughts do not go there. My first thoughts are of being invited to Mary and Pat Tallon's home; of feeling the warmth and comfort of their family; of seeing her Wizard of Oz collection of pictures and items associated with the movie she so loved; and of seeing her piano and hearing her sing.

Whenever I saw Mary she always had a smile, always a cheerful comment, always a concern about how I was doing. There is not enough space in this article to tell you of the times when she helped me, or offered to help me, with some personal matter. I am sad that our practice has lost a great lawyer. I am heartbroken that we and I have lost a dear friend.

- James R. Clune

David C. Harrison

David C. "Dave" Harrison, age 65, a resident of Willowbrook, IL, formerly of Matteson, IL, died unexpectedly on Friday, July 4, 2014 at Adventist Hinsdale Hospital, Hinsdale, IL. He was born March 13, 1949 in Albany, NY. Dave was proud of his Viking ancestry. In lieu of flowers, memorials can be sent to: Friends of the Viking Ship, NFPF, O. Box 3571, St. Charles IL 60174, www.vikingship.us

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Muddy Waters:

The DSM-5, PTSD, and Legal Implications

By: Daniel G. Kelley, Ph.D.
Licensed Clinical Psychologist
Integrated Behavioral Medicine, Ltd.

Introduction

The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) was published in May 2013, unleashing a flurry of comment, critique, and controversy from medical and nonmedical groups. Legal professionals working within workers' compensation should be aware of the revisions given the broad changes to the DSM as well as changes where posttraumatic stress is at issue.

While there has been much highly publicized controversy regarding the DSM-5, in the interest of brevity the broad criticisms will not be covered here. Much of the specific diagnostic controversy surrounds diagnoses of infrequent relevance to workers' compensation, such as diagnoses of autism spectrum disorders, adult attention deficit disorder, major depressive disorder related to bereavement, and the childhood disorder of disruptive mood dysregulation. Rather, this article will highlight some of the broad changes to the DSM as well as revisions to those diagnoses commonly occurring in claims of psychological and physical injury including posttraumatic stress disorder (PTSD), cognitive disorders, and chronic pain.

DSM-5 revisions

The DSM-5 marks the first

time the classification and criteria for mental disorders has been revised since 1994. This revision was developed by a task force of experts and is based on emerging scientific evidence, clinical observations, and expert opinions.

The broader changes to the DSM include: a change in the naming convention from Roman numerals (DSM-IV) to Arabic (DSM-5) in identifying the DSM edition; a restructuring of chapters based on disorders' relatedness to one another and symptom characteristics; and a change from a categorical system of classifying disorders in the DSM-IV to a dimensional approach to diagnosis in the DSM-5 to improve diagnosis specificity. The DSM-5 also incorporates a more developmental approach to psychiatric disorders and gives greater consideration to the influence of culture and gender on how psychiatric disorders present in individuals. A majority of the changes to DSM-5 criterion sets are modest changes from the DSM-IV. Some diagnoses have been reclassified, and 15 new diagnoses were added. Perhaps most notable of the broad changes is that the DSM-5 is no longer a multi-axial diagnostic system. Axis I through Axis V have been eliminated in favor of non-axial documentation of diagnoses. The elimination of Axis V eliminates the Global Assessment of Functioning rating scale in DSM-5 diagnoses.

Depressive Disorders and Adjustment Disorders

The DSM-5 resulted in subtle changes to depressive disorders and the core symptom criterion has been retained. Adjustment disorders have undergone little revision, though are now recategorized under trauma- and stressor-related disorders.

Pain Disorders

Diagnoses of pain disorder and somatization disorder have been eliminated from the DSM-5. Chronic pain patients previously diagnosed with DSM-IV pain disorder are likely to be classified under new DSM-5 disorders of somatic symptom disorder (with predominant pain), or psychological factors affecting other medical conditions.

Cognitive Disorders

The DSM-5 has introduced a new diagnosis of mild neurocognitive disorder defined generally as a modest cognitive decline which does not interfere with a person's independence or activities but may require compensatory strategies. While this new disorder permits identification of less severe symptoms of cognitive impairment, a criticism has been that the disorder is unacceptably broad.

Posttraumatic Stress Disorder (PTSD)

Posttraumatic stress disorder has been recategorized from an anxiety disorder (DSM-IV) to a newly created categorization of trauma- and stressor-related disorders in the DSM-5. PTSD diagnostic

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criterion have undergone additional changes: the DSM-IV defined three major symptom clusters, whereas the DSM-5 defines four symptom clusters; three new symptoms have been added to the criteria set; a dissociative subtype has been added; and other language defining symptoms and criteria have undergone changes in an attempt to clarify symptom expression. Despite these changes, the PTSD diagnosis has retained the majority of symptoms from the DSM-IV, and retains avoidant behavior as a key construct of PTSD.

The most significant change to PTSD diagnostic criteria is in the A criterion definition of a stressor event. The DSM-IV specified two criteria (A1 and A2) relative to a traumatic stressor. The DSM-IV A2 criterion, that a person's response involves intense fear, helplessness, or horror has been eliminated from the DSM-5. The DSM-5 stressor criterion requires the person be exposed to death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence in one (or more) of four ways:

1. Through directly experiencing the traumatic event.
2. Through witnessing the event, in person.
3. Indirectly, by learning that the traumatic event(s) occurred to a close family member or close friend. If the event involved actual or threatened death, it must have been violent or accidental.
4. Repeated or extreme exposure to aversive details of the event(s). The DSM-5 specifies examples of first responders collecting human remains and police officers repeatedly exposed to details of

child abuse. The DSM-5 further notes this criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work-related.

The DSM-5 has both broadened and narrowed the criterion for PTSD. While providing slightly more specific language, the definition of what constitutes a traumatic stressor remains open to a variety of interpretations (particularly around indirect, vocational exposure) and is a criticism of the DSM-5. Despite changes to PTSD criterion in DSM-5, initial research suggests the overall prevalence rates of PTSD are not expected to be greatly affected. However, others contend the PTSD criterion continues to increase the possibility for claims in compensation cases. The resulting change in the prevalence rate for PTSD in the microcosm of workers' compensation remains to be seen.

The DSM-5 Transition

A current quandary is the question of when the DSM-5 becomes "official". Upon release of the DSM-5, the American Psychiatric Association stated clinicians may immediately use the DSM-5 in clinical practice. However, many mental health professionals have yet to adopt the DSM-5 pending continuing education relative to the DSM revision and given uncertainty surrounding its widespread adoption and insurance industry requirements. It is interesting to note that unless federal or state laws (such as education laws) or insurance entities mandate a specific DSM edition, there is no mandate for use of the DSM-5.

Given the criticisms of the DSM-5 and opinions that the DSM-5 has not been generally approved, many mental health professionals believe use of the DSM-IV should continue, particularly for forensic or medical-legal purposes. Nonetheless, utilization of the DSM-5 is moving forward with a broad transition timeframe dependent on the readiness of providers and insurers to adopt the DSM-5 changes clinically and operationally. Given the crosswalk of DSM diagnoses to the International Classification of Diseases (ICD) code set for HIPAA transaction coding and billing, many expect more widespread adoption of the DSM-5 to coincide with the ICD-10 implementation date of October 1, 2015. In the meantime, mandatory implementation dates are likely to be specific to individual practice or institution guidelines, and partially in response to payor and/or administrative requirements.

Impact of the DSM-5

As with previous DSM revisions, the DSM-5 revisions are viewed by many to constitute both positive and negative changes to the diagnostic classification of mental disorders. Undoubtedly, the DSM-5, like its earlier versions, will have unintended consequences, face reliability and validity challenges, and necessitate further revisions. The impact of the DSM revisions in terms of diagnostic prevalence rates remains unknown.

Furthermore, the impact of the DSM-5 as its use extends to the courts remains to be seen. What has not changed is that while the DSM remains the standard

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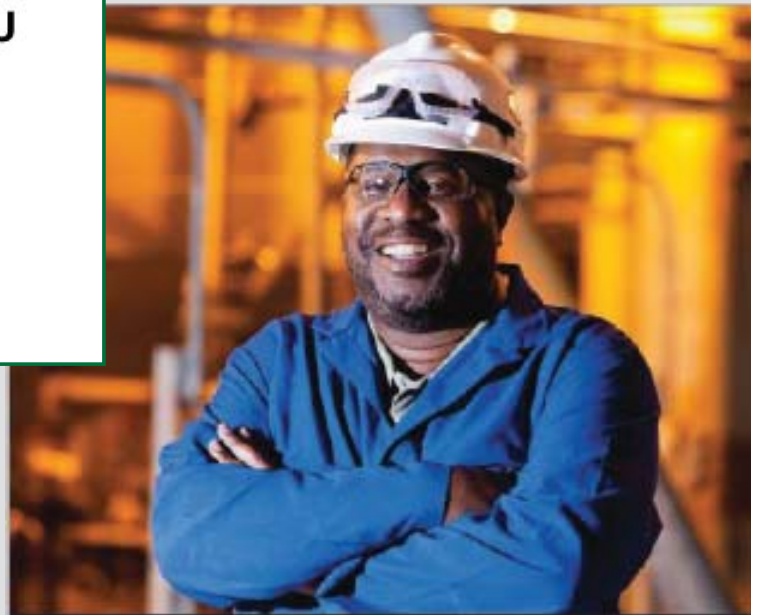
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for clinical diagnostic criteria, it does not easily translate into legal contexts. The DSM-5, like the DSM-IV, specifically recognizes this in its Cautionary Statement for Forensic Use of the DSM-5 which notes “the imperfect fit between the questions of ultimate concern to the law and the information contained in a clinical diagnosis.” The new DSM, like previous editions, will continue to present a challenge in adapting psychiatric terminology and diagnoses to legal definitions, questions of causation, and legal conclusions.

In the near term, changes to the DSM may complicate both clinical and legal work in the area of psychological injury. Whether the DSM-5 will have an effect on workers’ compensation claims remains to be seen.

If you have questions regarding a case involving psychological issues or are interested in seminars relative to psychological conditions and claims, contact Dr. Daniel Kelley at drkelley@ibmclinic.com or visit www.ibmclinic.com.

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Meet The New Arbitrators

Jeffrey B. Huebsch

Darien, IL I grew up in Downers Grove.
B.A. in Political Science, North Central College,
1980.
J.D. with High Honors, IIT/Chicago-Kent Law
School, 1984

Tells us a bit about your career before becoming an Arbitrator

I was licensed in December of 1984. I had a general practice concentration (civil litigation, real estate, municipal prosecutions, etc.) until the fall of 1986, when I began to defend employers at the Industrial Commission. I also handled civil litigation matters. I did represent a few petitioners over the years. I tried many cases at the Commission and handled many reviews as well. I have argued about 20 cases before the Appellate Court. I have had the honor and the privilege of representing some really fine people and of working with and opposing some very fine lawyers over the years. I watched many skilled WC lawyers work during my career. I trained by the best respondents' lawyer that I have seen, John F. Power, III.

What is your favorite hobby or how do you spend your free time?

I enjoy reading (mostly mystery novels and history). I enjoy bicycling and fixing up old bicycles. I enjoy sports and history. Of course, I like to spend time with my family and friends.

What is something interesting or extraordinary about yourself or something that you would want (or don't mind) everyone to know about you?

Well, I do enjoy going to classic bicycle swap meets and working on bikes for friends and neighbors. I have lived within a file mile radius all of my life. The Commission is the third employer that I have had in my life.

What is the best, surprising, or interesting thing you have learned about workers' compensation since becoming an Arbitrator?

Not a light/funny response, but a sincere one. It has been a pleasure to work at the IWCC. The Commission employees are great and hard working. The current commissioners and arbitrators are the best that I have seen since I became a WC lawyer in 1986. I enjoy my job and I am grateful to the Governor, the Senate and everyone that supported me in being appointed as an arbitrator.

Jessica Hegarty

Wilmette, IL
Loyola University Chicago – Undergrad; Chicago
Kent Law School

Tells us a bit about your career before becoming an Arbitrator:

I started out at the Office of the Cook County States Attorney before practicing personal injury and medical malpractice.

What is your favorite hobby or how do you spend your free time?

Working out, reading, and cooking.

What is something interesting or extraordinary about yourself or something that you would want (or don't mind) everyone to know about you?

I went skydiving in law school.

Molly Dearing

Harrisburg, Illinois
Associate of Arts, Southeastern Illinois College
Bachelor of Arts, University of Illinois at Urbana-
Champaign
Juris Doctor, Southern Illinois University School of
Law, Cum Laude

Tells us a bit about your career before becoming an Arbitrator

I practiced civil litigation and workers' compensation in private practice before joining the Office of the Attorney General as an Assistant Attorney General practicing exclusively workers' compensation.

What is your favorite hobby or how do you spend your free time?

I have three small children, ages 4, 2 and 5 months, that keep me very busy! I help coach my son's tee ball team and I like to run in my free time (the little that I seem to have!).

What is the best, surprising, or interesting thing you have learned about workers' compensation since becoming an Arbitrator?

The Cuban sandwich from Black Dog in Urbana – just a block from the hearing site!

Continued on page 17

Ketki Shroff Steffen

South Barrington, IL
Maine East High School
Univ. Of Il-Urbana
The John Marshall Law School

Tells us a bit about your career before becoming an Arbitrator

I served as an asa for Cook County for 18 years and served as a Cook County Circuit Court judge for 3 years pursuant to supreme court appointment

What is your favorite hobby or how do you spend your free time?

Love to read, garden, cook...but I watch TV, kills plants and do take-out.

What is something interesting or extraordinary about yourself or something that you would want (or don't mind) everyone to know about you?

Was born and raised in Bombay, India and immigrated to the USA at the age of 15.

What is the best, surprising, or interesting thing you have learned about workers' compensation since becoming an Arbitrator?

That there is a great deal of civility amongst practitioners.



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WCLA officers Andrew Rane, Peter Stavropoulos and Cameron Clark present WCLA donation to CASA (left).

Below photos include WCLA members and guests enjoying recent events. Join the fun!

