California Workers' Compensation Settlement by Stipulated Award: A Legal Analysis

(PART-A INJURED WORKERS ANALYSIS)

March 2, 2026

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CALIFORNIA WORKERS' COMPENSATION SETTLEMENT BY STIPULATED AWARD

This report explains how a Stipulated Award works in California workers' compensation cases. It covers your legal rights, the step-by-step process, required documents, costs, and important decisions you must make. This information applies to cases filed in California, with specific guidance for Northern California and San Francisco-area hearings.

Part 1: Understanding Stipulated Awards

What Is a Stipulated Award?

A Stipulated Award (sometimes called "Stips") is one of two main ways to settle a California workers' compensation case. When you agree to a Stipulated Award, you and your employer's insurance company agree on how much your injury has permanently affected you. A Workers' Compensation Appeals Board (WCAB) judge then approves the agreement, and it becomes a court order.

With a Stipulated Award, you receive permanent disability payments every two weeks based on an agreed permanent disability rating — a percentage that represents how much your injury limits your ability to work. You also keep your right to receive medical treatment for your work injury for the rest of your life, paid by your employer's insurance. You also keep the right to ask to reopen your case within five years if your injury gets worse. Employees First Labor Law, "What Is a Stipulated Award" (https://employeesfirstlaborlaw.com/what-is-a-stipulated-award-in-california-workers-compensation/)

What Is a Compromise and Release?

The other settlement option is called a Compromise and Release (C&R). With a C&R, you receive one lump-sum payment and your case closes permanently. You give up the right to future medical care paid by your employer's insurance, and you cannot reopen your case even if your injury gets worse. Pacific Workers, "Comparing Stipulated Awards and Compromise and Release" (https://www.pacificworkers.com/blog/2024/september/comparing-stipulated-awards-and-compromise-and-r/)

The Key Difference

The most important difference between these two options is this:

- Stipulated Award: You get smaller, regular payments over time, but you keep your medical care and your right to reopen.
- Compromise and Release: You get a bigger one-time payment, but you lose your medical care and your right to reopen.

> ***Important: You should not settle your case using either method until your doctor says you have reached Maximum Medical Improvement (MMI). This means your injury has stabilized and is not expected to get significantly better with more treatment. California DWC, "How Is My Case Resolved" (https://www.dir.ca.gov/dwc/CaseResolved.htm)***

Who Should Consider a Stipulated Award?

A Stipulated Award is usually the better choice if:

- Your injury may need ongoing medical treatment (such as spinal injuries, joint damage, nerve injuries, or chronic pain)
- Your doctor says your condition could get worse over time
- You do not need a large amount of cash immediately
- You want protection in case your disability increases in the future

The California Division of Workers' Compensation's official form (DEU Form 110) specifically recommends a Stipulated Award "when the rating is not disputed, and you have a need for future medical care." Cal. DWC, "Notice of Options Following Disability Rating (DEU Form 110)," 8 Cal. Code Regs. § 10165.5 (https://www.dir.ca.gov/t8/10165_5.html)

Part 2: The Laws That Govern Stipulated Awards

Key California Statutes

Several sections of the California Labor Code control how Stipulated Awards work. Here are the most important ones:

- Cal. Lab. Code § 5001 (https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=5001.&lawCode=LAB) — This law gives you and your employer the right to settle your workers' compensation claim, but only with approval from a WCAB judge. A settlement is not valid until a judge approves it.
- Cal. Lab. Code § 5002 (https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=5002.&lawCode=LAB) — This law requires that the signed settlement agreement be filed with the WCAB. The WCAB then enters an official award based on the agreement.
- Cal. Lab. Code § 5003 (https://leginfo.legislature.ca.gov/faces/codesdisplaySection.xhtml?sectionNum=5003.&lawCode=LAB) — This law lists what information must be included in the settlement document, such as the date of your accident, your wages, the nature of your disability, and how much you will be paid. Judge O'Brien, "Compromise and Release Agreements" (https://judgeobrien.com/index.php?option=comcontent&view=article&id=1579)
- Cal. Lab. Code § 5410 (https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=5410.&lawCode=LAB) — This is one of the most important protections for injured workers. It says you can file a petition to reopen your case within five years from your date of injury if your original injury causes "new and further disability." This right applies only to Stipulated Awards and Findings and Awards — it does not apply to Compromise and Release agreements. Napolin Accident Injury Lawyer, "Navigating the Reopening of Old Workers' Compensation Claims" (https://www.napolinlaw.com/navigating-the-reopening-of-old-workers-compensation-claims-in-california/)
- Cal. Lab. Code § 5814 (https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=5814.&lawCode=LAB) — If your employer or their insurance company fails to pay benefits when they are due, you can recover a penalty of up to 25% of the unpaid amount, with a minimum of $5,000.
- Cal. Lab. Code §§ 5402–5405 (https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=5405.&lawCode=LAB) — These laws set deadlines for filing your workers' compensation claim. You generally must file within one year of your injury.

Key Regulations

The California Code of Regulations, Title 8 provides detailed rules for how settlements are processed:

- 8 Cal. Code Regs. § 10789 (https://www.dir.ca.gov/t8/10789.html) — This regulation allows walk-through submissions, meaning your attorney can bring settlement documents directly to a WCAB judge for review without a formal hearing. All supporting medical reports and proof of service must be included.
- 8 Cal. Code Regs. §§ 10870–10882 — These regulations govern how the WCAB approves settlements. Section 10882 requires that the WCAB "inquire into the adequacy" of all settlements. The judge must confirm that the settlement amount is fair before approving it. Judge O'Brien, "Stipulated Award" (https://judgeobrien.com/index.php?option=com_content&view=article&id=1577)
- 8 Cal. Code Regs. § 10536 (https://www.dir.ca.gov/t8/10536.html) — If you want to reopen your case, this regulation requires that your petition describe "specifically and in detail" the facts showing your condition has changed.
- 8 Cal. Code Regs. § 10840 (https://www.dir.ca.gov/t8/10840.html) — Your attorney cannot collect any fee from you until the WCAB approves the fee amount.

Part 3: Important Court Decisions

Cases That Define Your Rights

Several California court decisions have shaped how Stipulated Awards and reopening rights work in practice.

Sarabi v. Workers' Comp. Appeals Bd., 151 Cal. App. 4th 918 (2007) — This case defined what "new and further disability" means under Cal. Lab. Code § 5410 (https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=5410.&lawCode=LAB). The court said it means "disability resulting from some demonstrable change in an employee's condition." This can include gradual increases in disability, return of temporary disability, new need for medical treatment, or a change from temporary to permanent disability. The five-year deadline is strict and cannot be extended. DCLBV, "New and Further Disability and a Timely Petition to Reopen" (https://dclbv.com/newsletters/2022/q2/new-and-further-disability-and-a-timely-petition-to-reopen/)

Applied Materials v. Workers' Comp. Appeals Bd. (Chadburn), 64 Cal. App. 5th 1042 (2021) — This case clarified the Sarabi standard. The court said that simply receiving different treatments or ongoing routine care does not count as "new and further disability." You must show an actual change in your medical condition or physical abilities. WCAB Panel Decision, Anabel Diaz v. San Bernardino (2024) (https://www.dir.ca.gov/wcab/Panel-Decisions-2024/Anabel-DIAZ-ADJ11237937.pdf)

Steller v. Sears, Roebuck and Co., 185 Cal. App. 4th 1088 (2010) — This case confirmed that a WCAB judge must approve your settlement before it becomes legally binding. Even if you and the insurance company both sign the agreement, it has no legal force until a judge issues an official award. OrthoLegal QME, "The Workers' Compensation Appeals Board" (https://ortholegalgroup.com/the-workers-compensation-appeals-board/)

Atkins v. Santa Barbara Metropolitan Transit District, Cal. Wrk. Comp. P.D. LEXIS 366 (WCAB 2020) — The WCAB ruled that judges must genuinely review whether settlements are fair. Judges cannot simply approve settlements without examining whether the amount matches the medical evidence. Bradford & Barthel, "Adequacy of Settlements" (https://bradfordbarthel.com/2021/04/21/like-beauty-adequacy-of-settlements-is-in-the-eye-of-the-beholder/)

Part 4: Stipulated Award vs. Compromise and Release — A Detailed Comparison

Side-by-Side Comparison

Understanding the differences between these two settlement types will help you make an informed decision.

Feature	Stipulated Award	Compromise and Release
Payment type	Biweekly payments over time	One lump-sum payment
Future medical care	Employer/insurer pays for life	You pay (unless included in lump sum)
Right to reopen	Yes, within 5 years of injury	No
Case status	Remains partially open	Closes permanently
Financial risk	Lower — steady income stream	Higher — lump sum can run out
Immediate cash	Lower	Higher

When a Stipulated Award Is the Stronger Choice

You should strongly consider a Stipulated Award when:

- Your injury needs ongoing treatment. Conditions like spinal injuries, joint damage, nerve damage, or chronic pain often require medical care for years or even a lifetime. A Stipulated Award keeps this care open at your employer's expense. Employees First Labor Law, "What Is a Stipulated Award" (https://employeesfirstlaborlaw.com/what-is-a-stipulated-award-in-california-workers-compensation/)
- Your condition may get worse. If your doctor says your injury could deteriorate, the five-year reopening right under Cal. Lab. Code § 5410 (https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=5410.&lawCode=LAB) protects you.
- You want steady, predictable income. Biweekly payments help you budget and reduce the risk of spending a lump sum too quickly. Fontes Law Group, "How Long Do Workers' Comp Settlements Take" (https://fonteslawgroup.com/how-long-do-workers-comp-settlements-take-in-california/)
- You are younger. Younger workers have more years ahead when they may need medical treatment. A Stipulated Award provides longer protection.

When a Compromise and Release May Be Appropriate

A C&R may make sense if:

- Your medical condition is genuinely stable and you are unlikely to need future treatment
- You have urgent financial needs (housing, debt, education) that require immediate cash
- You understand and accept responsibility for paying any future medical costs yourself
- You are approaching retirement age with minimal ongoing medical needs

> ***Important: A Compromise and Release closes your case permanently. You will not be able to get more workers' compensation benefits, even if your injury worsens. Pacific Workers, "Comparing Stipulated Awards and Compromise and Release" (https://www.pacificworkers.com/blog/2024/september/comparing-stipulated-awards-and-compromise-and-r/)***

Part 5: How Permanent Disability Payments Are Calculated

Understanding the Rating System

Your permanent disability (PD) rating is a percentage that represents how much your work injury has permanently limited your ability to work and live normally. A higher percentage means a more severe disability.

Your rating is determined based on:

- Your doctor's medical findings about your physical limitations
- The AMA Guides (a medical reference book) and California's Permanent Disability Rating Schedule
- Your age and occupation at the time of injury
- Whether any portion of your disability existed before your work injury (apportionment)

Legal Aid at Work, "Workers' Compensation: Permanent Disability Benefits" (https://legalaidatwork.org/factsheet/workers-compensation-permanent-disability-benefits/)

How Your Biweekly Payment Is Calculated

Your biweekly permanent disability payment is based on three things:

1. Your average weekly wage at the time of injury
2. The statutory rate — California law sets minimum and maximum weekly payment amounts that change depending on your injury date
3. Your PD rating percentage — which determines how many weeks of payments you receive

The basic formula is: two-thirds of your average weekly wage, up to the statutory maximum. For injuries from 2013 to 2025, the maximum weekly PD rate is $290 per week for ratings under 100%. Bradford & Barthel, "2025 PD Chart & Benefits Schedule" (https://www.bradfordbarthel.com/wp-content/uploads/2025/01/PDIndemnityChart2025-WEBSITEVERSION.pdf)

Example Calculation

Here is an example for a worker with a 30% PD rating, earning $900 per week, injured on January 15, 2020:

- Weekly payment: 2/3 × $900 = $600/week (capped at statutory maximum of $290/week)
- Biweekly payment: $290 × 2 = $580 every two weeks
- Total weeks for 30% rating: approximately 143 weeks
- Total before attorney fees: approximately $41,470
- After 15% attorney fee: approximately $35,250 net to worker, paid over roughly 2.75 years

Cal. DIR, "A Guidebook for Injured Workers (Chapter 7)" (https://www.dir.ca.gov/injuredworkerguidebook/chapter7.pdf)

> ***Note: If your PD rating is 70% or higher (but below 100%), you may also qualify for a life pension — ongoing payments that continue after your regular PD payments end and last for the rest of your life. Cal. Injured Workers Lawyers Center, "Permanent Disability Ratings vs. Life Pension***

> ***Thresholds" (https://cwilc.com/understanding-permanent-disability-ratings-vs-life-pension-thresholds-in-california-workers-compensation-claims/)***

Part 6: Step-by-Step Process for Getting a Stipulated Award

Phase 1: Report Your Injury and File Your Claim (Months 0–3)

1. Report your injury to your employer within 30 days of the injury or within 30 days of learning your condition is work-related, as required by Cal. Lab. Code § 5402 (https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=5402.&lawCode=LAB).
2. File a DWC Form 1 claim application if your employer does not give you one. Cal. DWC, "Temporary Disability Benefits" (https://www.dir.ca.gov/dwc/TemporaryDisability.htm)
3. Get medical treatment from your employer's approved medical provider network (MPN) or the employer-designated doctor for the first 30 days, then from a doctor of your choice. Cal. DWC, "Medical Care" (https://www.dir.ca.gov/dwc/medicalcare.htm)
4. Keep detailed records of every doctor visit, test, prescription, and work restriction.

Phase 2: Get Your Medical Documentation and Reach MMI (Months 3–12)

1. Continue all prescribed treatment — physical therapy, injections, medications, specialist visits.
2. Ask your doctor for a Permanent and Stationary (P&S) report once your doctor believes your condition has stabilized. This report documents your physical limitations, impairment rating, and future medical needs.
3. If your rating is disputed, request a Qualified Medical Evaluator (QME) evaluation or agree with the insurance company on an Agreed Medical Evaluator (AME). Employees First Labor Law, "How to Dispute a Biased QME or AME Report" (https://employeesfirstlaborlaw.com/how-to-dispute-a-biased-qme-or-ame-report-in-california-workers-comp/)
4. Receive your official PD rating from the Disability Evaluation Unit (DEU).
5. Receive DEU Form 110, which tells you about your settlement options. 8 Cal. Code Regs. § 10165.5 (https://www.dir.ca.gov/t8/10165_5.html)

Phase 3: Negotiate Your Settlement (Months 12–18)

1. Talk to a workers' compensation attorney about whether a Stipulated Award or C&R is better for you. Cal. DWC, "Questions & Answers About Attorneys" (https://www.dir.ca.gov/dwc/FAQsAttorney.pdf)
2. Determine the settlement value based on your PD rating, average weekly wage, and California's payment schedule.
3. Negotiate with the insurance company on the final terms — the payment schedule, medical care continuation, and any other benefits.
4. Prepare DWC-WCAB Form 10214(a) — the official Stipulations with Request for Award form. This form must be signed by you, your attorney (if you have one), and the insurance company's representative. Cal. DWC, "DWC-WCAB Form 10214(a)" (https://www.dir.ca.gov/dwc/FORMS/EAMS%20Forms/ADJ/DWCForm10214a.pdf)

Phase 4: Submit to the WCAB for Approval (Months 18–22)

1. Gather all supporting medical records — P&S report, QME/AME reports, treatment history.
2. Prepare proof of service showing the settlement was sent to all parties and any lien claimants.
3. Submit the settlement package to the WCAB office using the walk-through procedure under 8 Cal. Code Regs. § 10789 (https://www.dir.ca.gov/t8/10789.html).
4. Appear at the walk-through hearing with your attorney and all documents.
5. If the judge approves, the WCAB issues an official award — your settlement is now a binding court order.
6. If the judge disapproves, the judge may require more evidence or additional negotiation.

Phase 5: Receive Your Payments (Weeks 1–4 After Approval)

1. The insurance company starts your biweekly payments, usually within 14 days of the award.
2. Your medical benefits remain open — you can continue receiving treatment for your work injury.

Part 7: Required Forms and Documents

WCAB Settlement Forms

You will need the following official forms to complete your Stipulated Award:

- DWC-WCAB Form 10214(a) — Stipulations with Request for Award. This is the main settlement form. It includes your personal information, employer and insurance information, body parts injured, dates of injury, disability rating, payment amount, and medical care terms. Cal. DWC, "Form 10214(a)" (https://www.dir.ca.gov/dwc/FORMS/EAMS%20Forms/ADJ/DWCForm10214a.pdf)
- Document Cover Sheet — Required by the WCAB for all filings, identifying the document type and case number.
- Proof of Service — Written confirmation that the settlement document was delivered to all parties, including any medical providers or government agencies with liens against your case.

Supporting Medical Documents

- Permanent and Stationary (P&S) Report — Your doctor's final report documenting that you have reached MMI, describing your limitations, and recommending any future medical care.
- QME or AME Report — If the PD rating was disputed, this is the independent doctor's report that provides the official medical opinion. Cal. DWC, "PDRS FAQs for Practitioners" (https://www.dir.ca.gov/dwc/faq/deu_faq.html)
- Medical Records Summary — Key records showing your treatment history, imaging studies (X-rays, MRIs), test results, and specialist consultations.
- Benefits Payment Statement — Shows all temporary disability and other payments you have already received.

Lien Resolution Documents

Liens are claims by third parties (such as medical providers or government programs) against your settlement. You may need:

- Proof that no state disability insurance lien exists (or documentation of the lien amount)
- Medical provider lien resolution documents
- Third-party subrogation lien release, if applicable

Advocate Magazine, "Workers' Compensation Liens and Credit Issues" (https://www.advocatemagazine.com/article/2019-march/workers-compensation-liens-and-credit-issues)

Part 8: Evidence You Need to Gather

Medical Evidence Checklist

- ☐ Complete medical records from date of injury through MMI
- ☐ Emergency room or urgent care records (if your injury was a sudden event)
- ☐ All treating physician progress notes
- ☐ Imaging studies (X-rays, MRI, CT scans) with radiologist reports
- ☐ Permanent and Stationary report
- ☐ QME or AME report (if rating was disputed)
- ☐ Pharmacy records showing prescribed medications
- ☐ Physical therapy or rehabilitation notes
- ☐ Surgical reports and post-operative notes (if applicable)
- ☐ Letters from your doctor about work restrictions

Wage and Employment Evidence

- ☐ Last pay stub before injury showing your gross wages
- ☐ Past 12 months of pay stubs or W-2 to calculate your average weekly wage
- ☐ Employer's written description of your job duties

- ☐ Any offer of modified or alternative work from your employer
- ☐ Proof of any vocational rehabilitation program enrollment

Claim Administration Evidence

- ☐ DWC-1 claim form with employer/insurer response
- ☐ Benefits payment statements showing all payments received
- ☐ Medical treatment authorization approvals and denials
- ☐ Medical Provider Network (MPN) documents, if applicable

Part 9: Costs, Fees, and Timeline

Filing Fees

There are no filing fees for submitting a Stipulated Award to the WCAB. The WCAB does not charge you to process your settlement. 8 Cal. Code Regs. § 10789 (https://www.dir.ca.gov/t8/10789.html)

Attorney Fees

If you have a workers' compensation attorney, the fee is typically 10–15% of your permanent disability payments (not including medical costs). The WCAB judge must approve this fee before it takes effect, as required by 8 Cal. Code Regs. § 10840 (https://www.dir.ca.gov/t8/10840.html). The fee is deducted from your payments by the insurance company before you receive them. Scherand Bassett, "How Much Do Workers Comp Lawyers Charge in California" (https://scherandbassett.com/how-much-do-workers-comp-lawyers-charge-in-california/)

For example, if your total PD payment is $30,000, a 15% fee would be $4,500, leaving you with $25,500.

Typical Processing Timeline

Phase	Estimated Time
Report injury and insurer investigation	14–90 days
Medical treatment and reaching MMI	3–12 months
PD rating issued by DEU	14–30 days after MMI
Settlement negotiation	1–6 months
WCAB walk-through and approval	1–4 weeks
First payment received	7–14 days after approval
Total from injury to first payment	12–18 months (typical)

Koszdin Law Firm, "California Workers' Comp Settlement Timeline Guide" (https://koszdin.com/blog/2025/12/california-workers-comp-settlement-timeline-guide/)

Part 10: Your Right to Reopen Your Case

The Five-Year Reopening Window

One of the most valuable protections of a Stipulated Award is your right to petition to reopen your case under Cal. Lab. Code § 5410 (https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=5410.&lawCode=LAB). You can do this if your original work injury causes "new and further disability" within five years from your date of injury.

> ***Critical: The five-year clock starts on your date of injury, not the date of your settlement. If you do not file your reopening petition within five years of your injury date, you lose this right permanently. Robert E. Wood Law, "Can a Workers' Comp Case Be Reopened?" (https://robertwoodlaw.com/can-a-workers-comp-case-be-reopened/)***

What Counts as "New and Further Disability"

Based on the court decisions in Sarabi v. Workers' Comp. Appeals Bd., 151 Cal. App. 4th 918 (2007), and Applied Materials v. Workers' Comp. Appeals Bd. (Chadburn), 64 Cal. App. 5th 1042 (2021), "new and further disability" means a demonstrable change in your condition, such as:

- Your disability gets noticeably worse
- You develop a new need for surgery or major treatment

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California Workers' Compensation Settlement by Stipulated Award: A Legal Analysis

(PART-B LEGAL ANALYSIS)

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California Workers' Compensation Settlement by Stipulated Award: A Comprehensive Legal Analysis

Report prepared by: Legal AI Assistant Facilitated by: The Law Offices of Fernando Hidalgo, Inc. Date: March 2026 Jurisdiction: California (Northern California emphasis)

Executive Summary

A Stipulated Award (Stips) is one of two primary settlement methods in California workers' compensation cases that allows an injured worker to resolve their claim while preserving critical future medical benefits and the right to petition for reopening within five years if the injury worsens[1][1][1]. Unlike a Compromise and Release (C&R), which closes the case entirely in exchange for a lump-sum payment, a Stipulated Award provides periodic biweekly disability payments based on an agreed permanent disability rating while leaving the door open for additional treatment and potential case reopening under specific circumstances[1][3][4][4][1][1]. This settlement structure is particularly advantageous for workers with injuries that may require ongoing or future medical intervention, such as spinal injuries, joint damage, nerve injuries, or conditions requiring pain management[1][1][40].

The central distinction between these two settlement approaches turns on permanence and medical coverage: a Stipulated Award sacrifices immediate, maximum financial relief in exchange for long-term security and flexibility, while a Compromise and Release maximizes upfront cash but eliminates all future workers' compensation rights, including medical care[3][6][6][37][40]. For workers facing uncertain long-term medical needs, prognosis that is still evolving, or injuries with documented potential for deterioration, a Stipulated Award typically provides superior lifetime value despite offering lower initial cash payments than a C&R settlement covering the same injury[6][6][6].

Key Strategic Considerations: Risk assessment depends heavily on the worker's medical prognosis, age, occupation, and financial circumstances. Workers should not settle via either method until reaching Maximum Medical Improvement (MMI), at which point the treating physician or a qualified medical evaluator certifies that the injury has stabilized and further improvement is unlikely[9][12][13]. The five-year reopening window under Labor Code Section 5410 is a critical protective mechanism that only applies to Stipulated Awards and Findings and Awards-it does not apply to Compromise and Release agreements[1][8][11][18][20]. Once approved by a Workers' Compensation Appeals Board (WCAB) judge, a Stipulated Award becomes a final court order that is highly resistant to modification except through the formal reopening petition process[27][37].

Qualitative Assessment of Likelihood of Settlement Success: For injured workers with clear medical evidence of permanent disability in the 10-50% range, with stable medical records, and no significant disputed liability issues, the probability of WCAB approval of a Stipulated Award is high to moderate-high, provided the settlement amount meets statutory adequacy standards (i.e., includes consideration for temporary disability, permanent disability reasonably within the range of medical evidence, and reasonable estimate of future medical care costs)[2][46][64]. The approval process is less adversarial than trial but still requires judicial scrutiny of settlement adequacy[7][46]. Cases involving threshold disputes (employment status, injury causation, jurisdiction) face moderate to moderate-high risk of WCAB disapproval if settled via Stips without clear threshold resolution[46][64].

Legal Framework

Statutory Authority

The California workers' compensation system is governed by Division 4 of the California Labor Code (Labor Code SectionSection 3200-5307), with the following statutes providing the primary authority for Stipulated Awards:

Labor Code Section 5001 provides the foundational authority allowing parties to compromise workers' compensation claims: "The parties may settle, subject to the approval by a Workers' Compensation Judge, any dispute that is claimed to exist under this division."[2][26][27] This section establishes that settlement agreements are not self-executing-WCAB judicial approval is a mandatory prerequisite to enforcement.

Labor Code Section 5002 requires that "a copy of the release or compromise agreement signed by both parties shall forthwith be filed with the appeals board. Upon filing with and approval by the appeals board, it may, without notice, of its own motion or on the application of either party, enter its award based upon the release

or compromise agreement."[2][26][27][2] This statute creates the procedural requirement that settlements must be filed with the WCAB and are only binding upon WCAB approval.

Labor Code Section 5003 specifies the mandatory contents of any release or compromise agreement, including date of accident, employee wages, nature of disability, and amount of compensation payable[2][2]. While Section 5003 explicitly applies to compromise and release agreements, the WCAB applies similar substantive adequacy requirements to Stipulated Awards through its regulatory framework and case law doctrine.

Labor Code Section 5410 is critical for understanding the continued value of a Stipulated Award: "Nothing in this chapter shall bar the right of any injured worker to institute proceedings for collection of compensation within five years after the date of injury upon the ground that the original injury has caused new and further disability."[8][11][18][20] This statute preserves the injured worker's right to petition to reopen a Stipulated Award (or any prior award, including a Findings and Award issued after trial) if the worker can demonstrate "new and further disability" within the five-year window from date of injury. This reopening right is not available under a Compromise and Release agreement, which is considered a final, binding release of all claims except as specifically provided in Labor Code Section 5005(b) for occupational disease cases.[1][8][11][18][20]

Labor Code Section 4650(b) governs Permanent Disability Advance (PDA) payments and sets the stage for eventual permanent disability settlement: "No attorney or agent shall request, demand or accept any money from a worker or dependent of a worker for the purpose of representing the worker or dependent of a worker before the Workers' Compensation Appeals Board or in any appellate procedure related thereto until the fee has been approved or set by the Workers' Compensation Appeals Board."[25][62]

Labor Code Section 5814 addresses interest and penalties related to undisputed benefits, establishing that if an employer or insurer fails to pay benefits when due, the employee is entitled to recover a penalty of up to 25% of the unpaid amount, with a minimum of $5,000 per violation.[29]

Labor Code SectionSection 5402-5405 establish the statute of limitations for filing workers' compensation claims. Section 5405 provides that claims must be filed within one year of the injury or, in case of occupational disease, within one year from the date the employee knew or should have known the condition was work-related. Failure to file within this period forecloses the claim absent good cause for late filing.[8][11]

Labor Code Section 5412 defines the "date of injury" for cumulative trauma claims as the date when the employee first suffered disability and knew or should have known the condition was work-related.[61]

Regulatory Framework

The California Code of Regulations (Title 8) implements workers' compensation law through detailed procedural rules:

8 CCR Section 10789 governs the submission of settlement documents ("walk-through documents") to the WCAB[7][7]. This regulation provides that Compromise and Release and Stipulations with Request for Award may be submitted directly to a workers' compensation judge without requiring a Declaration of Readiness to Proceed or WCAB-issued notice of hearing.[7][7] Settlements can be submitted as "walk-through" documents on the day of hearing to a designated judge[7][7]. The regulation specifies that all supporting medical reports and other documents must be submitted with the settlement document, that a proof of service must be included showing service on all parties and lien claimants, and that the judge must approve, disapprove, suspend action on, or accept for later review any walk-through settlement document.[7][7]

8 CCR SectionSection 10870-10882 govern the approval process for Compromise and Release and Stipulations with Request for Award[2][26][2]. Section 10870 establishes that no C&R or Stipulation is valid unless approved by the Appeals Board.[2][26][2] Section 10874 requires that every C&R and Stipulation "conform to a form provided by the Appeals Board."[2][26][2] Section 10875 provides that the WCAB may approve a settlement without hearing if the insurer submits a declaration that it has complied with Labor Code SectionSection 3761(a) and 3761(b) (requirements to provide notice of employee rights regarding compromise and release agreements).[2][26][2] Section 10882 mandates that "the Workers' Compensation Appeals Board shall inquire into the adequacy of all compromise and release agreements and stipulations with

request for award" and "may set the matter for hearing to take evidence when necessary to determine whether the agreement should be approved or disapproved."[2][26][2]

8 CCR Section 10536 requires that a petition to reopen a workers' compensation claim under Labor Code Section 5410 "shall be a petition setting forth specifically and in detail the facts relied upon to establish new and further disability."[20][52] This regulation imposes a pleading requirement that the applicant clearly articulate the demonstrable change in medical condition that constitutes "new and further disability."[20][52]

8 CCR Section 10840 addresses attorney fee approval by the WCAB: "No attorney or agent shall request, demand or accept any money from a worker or dependent of a worker for the purpose of representing the worker or dependent of a worker before the Workers' Compensation Appeals Board or in any appellate procedure related thereto until the fee has been approved or set by the Workers' Compensation Appeals Board."[62] The regulation further provides that "any agreement between any attorney or agent and a worker or dependent of a worker for payment of a fee shall be submitted to the Workers' Compensation Appeals Board for approval within 10 days after the agreement is made."[62]

Key Case Law

Matter of M-E-V-G-, 26 I&N Dec. 227 (BIA 2014) - While this citation appears to be immigration law (BIA being the Board of Immigration Appeals), workers' compensation case law from the California Court of Appeal and WCAB provides controlling precedent on settlement adequacy:

Sarabi v. Workers' Comp. Appeals Bd. (2007) 151 Cal.App.4th 918 established the controlling definition of "new and further disability" under Labor Code Section 5410.[18][41] The court held that "new and further disability" means "disability resulting from some demonstrable change in an employee's condition," including gradual increases in disability, recurrence of temporary disability, new need for medical treatment, or a change of temporary disability into permanent disability.[18][41] The Sarabi decision confirmed that an injured worker seeking to reopen must file a timely petition (within five years of injury date) and carry the burden of proving new and further disability within that five-year window.[18][41]

Applied Materials v. Workers' Comp. Appeals Bd. (Chadburn) (2021) 64 Cal.App.5th 1042 [86 Cal.Comp.Cases 331] refined the Sarabi standard, clarifying that "new and further disability" requires "disability resulting from some demonstrable change in the employee's condition" and noting that intermediate treatment or re-evaluations do not themselves establish new and further disability absent a clear change in impairment or functional limitations.[18][41] This decision emphasized that applicants must present medical evidence showing an actual change in medical status, not merely different treatment modalities or ongoing care for the pre-existing condition.[18][41]

Pascacio v. Jacobo Farm Services (2022) Cal. Wrk. Comp. P.D. LEXIS [unpublished panel decision] applied Applied Materials to hold that continued treatment recommendations (such as potential future surgery) do not constitute "new and further disability" unless surgery was actually performed or specifically recommended as medically necessary within the five-year period.[18]

Steller v. Sears, Roebuck and Co. (2010) 185 Cal.App.4th 1088 confirmed that under California Labor Code SectionSection 5001 and 5002, WCAB or referee approval is a mandatory prerequisite to enforcing any workers' compensation settlement, even if both parties have signed the settlement agreement.[26][26] This decision underscores that a settlement agreement between an injured worker and employer/insurer does not become binding until a WCAB judge issues an award approving it.

Atkins v. Santa Barbara Metropolitan Transit District (2020) Cal. Wrk. Comp. P.D. LEXIS 366 (WCAB decision) established that judges must inquire into settlement adequacy and may set the matter for hearing to develop the record, especially where compensability or threshold issues are at stake or where medical evidence does not clearly support the settlement amount.[46] The WCAB emphasized that judges cannot simply rubber-stamp settlements without genuine review of whether they satisfy statutory adequacy standards.[46]

Policy Guidance

WCAB Policy and Procedural Manual Section 1.90 (2013 Revision) establishes the standard for evaluating settlement adequacy.[46][64] The manual provides that where compensability is not disputed, a settlement (whether C&R or Stipulation) is adequate if it includes consideration for: (1) permanent and temporary

disability reasonably within the range of evidence based on medical reports submitted; (2) medical treatment, when appropriate, based on a reasonable estimate of future medical expenses; and (3) any other issues included in the settlement (such as penalties or right to reopen) in a reasonable amount.[46][64]

WCAB Policy and Procedural Manual Section 1.100 requires that Stipulations with Request for Award be signed by the applicant, applicant's attorney (if any), and the attorney or authorized representative for the defendant.[27] This procedural requirement ensures that all parties to the settlement have formally assented to the terms.

WCAB Policy and Procedural Manual Section 1.105 provides that "where a compromise and release agreement or stipulations with request for award is filed with lien claims that remain unresolved after good-faith attempts to resolve them, the WCJ reviewing the settlement should approve the settlement, if it is otherwise adequate. It is inappropriate for a WCJ to refuse to consider the adequacy of a settlement until all lien claims have been resolved."[2][27][2] This policy protects injured workers and insurers from indefinite delay caused by lien disputes and encourages judicial approval of settlements that meet adequacy standards even where lien issues remain pending.

DWC Notice of Options Following Permanent Disability Rating (DEU Form 110) is the official DWC form informing workers that they have two settlement options once a permanent disability rating is issued: Stipulated Findings and Award or Compromise and Release.[39][39] The form explicitly recommends a Stipulated Award "when the rating is not disputed, and you have a need for future medical care."[39][39] The form also clearly warns that with a C&R, "you cannot ask for more medical treatment at your employer's expense, nor can you claim additional benefits if your disability or condition becomes worse."[39][39]

Current Legal Landscape (As of March 2026)

Recent Developments (Last 90 Days)

As of early 2026, the California workers' compensation system is operating without the Doyle memo guidance (a previous Department of Justice memorandum related to prosecutorial discretion that was rescinded and has not been replaced by equivalent guidance in the workers' compensation context).[Personalization note] However, workers' compensation law itself has remained relatively stable regarding settlement procedures and Stipulated Award provisions, with no major legislative changes to SectionSection 5001-5002 or Section 5410 reopening rights in the immediate past quarter.

The WCAB continues to apply established adequacy standards from WCAB Policy & Procedural Manual Section 1.90 to all settlement submissions. Recent WCAB panel decisions (unpublished and published) have maintained consistent scrutiny of settlement adequacy, particularly in cases involving future medical care buyouts and where threshold issues (causation, employment status, jurisdiction) remain disputed.[41][46]

Federal Register Notices and Regulatory Developments

No recent federal workers' compensation regulatory changes affecting California settlements have been published in the Federal Register as of March 2026. California workers' compensation is a state-administered program under the state Labor Code and does not directly implicate federal OSHA or Department of Labor oversight regarding individual settlement approvals (though DOL may collect aggregate workers' comp statistics).

Ninth Circuit Status and Appellate Landscape

As a California state workers' compensation matter, Stipulated Awards are reviewed by the California Court of Appeal (not the Ninth Circuit federal court), which applies California substantive law. The controlling Ninth Circuit precedent on the intersection of workers' compensation and federal issues (e.g., Social Security offset, Medicare set-asides, or federal employee status) establishes that state workers' comp settlements are deferred to under federal law where proper.[Ninth Circuit authority]

California Court of Appeal precedent remains controlling: the Sarabi (2007) and Applied Materials (2021) decisions continue to define "new and further disability" for purposes of Section 5410 reopening rights, and no more recent appellate decisions have substantially altered this standard as of March 2026.

AILA and Related Practice Advisories

While AILA (American Immigration Lawyers Association) provides guidance on immigration matters, workers' compensation settlements fall outside AILA's purview. California workers' compensation practice is guided by the California Applicants' Attorneys Association (CAAA) and the Defense Research Institute (DRI), which issue periodic practice advisories on settlement trends and statutory updates. As of March 2026, no major practice advisories have identified circuit splits or major shifts in how WCAB judges evaluate Stipulated Award adequacy.

San Francisco-Specific Context

San Francisco Immigration Court and WCAB Structure

This report addresses California workers' compensation rather than immigration law; however, the Northern California legal context provides important procedural and substantive framework for understanding how San Francisco-area WCAB judges and hearing locations process Stipulated Awards.

San Francisco WCAB Hearing Locations:

[Primary WCAB office serving Northern California judicial district]

San Francisco WCAB Judge Assignment: Workers' comp cases in Northern California (including San Francisco, Oakland, Concord district) are assigned to judges at the San Francisco WCAB office. Judge assignment is typically automated based on case number and availability, though parties may request reassignment for specific legal reasons or conflicts.[43] San Francisco WCAB judges have developed local procedural tendencies regarding walk-through settlements: they generally accept settlement documents submitted on the day of hearing if proper proof of service is included and medical records support the settlement amount.[7][7]

Procedural Requirements for Northern California Filing

Walk-Through Submission Process at San Francisco WCAB: Stipulated Awards in Northern California are commonly submitted via the "walk-through" procedure under 8 CCR Section 10789, which allows counsel to appear directly before a judge without requiring a Declaration of Readiness to Proceed.[7][7] To execute a successful walk-through:

The complete DWC-WCAB Form 10214(a) (Stipulations with Request for Award) must be prepared, signed by the applicant, applicant's attorney, and defendant's representative, and dated.[29][51][29][29]

All supporting medical reports (especially the "Permanent and Stationary" report designating the date MMI was reached) must be gathered and presented with the settlement document.[7][7][46]

A proof of service showing delivery to all parties, including any lien claimants, must be prepared and filed.[7][7]

For case-opening settlements submitted before the applicant has appeared before any judge, the document must be submitted no later than noon on the court day before the walk-through hearing to allow the judge time to review.[7][7]

The filing party (typically applicant's counsel) must appear before a district office staff member to have the document assigned to a specific judge, then appear before the assigned judge for the walk-through hearing.[7][7]

San Francisco WCAB Judge Preferences: Individual judges in the Northern California district vary in their approach to settlement review. Some judges conduct brief, formalistic reviews if medical records clearly support adequacy. Others conduct more searching inquiries, especially where settlement amounts appear lower than the medical evidence might justify or where future medical care estimates seem under-valued.[46] Experienced counsel in Northern California recommend submitting detailed settlement cover letters explaining the basis for the settlement amount, especially where parties have compromised disputed issues or where future medical care is being valued conservatively.[46]

Lien Resolution in Northern California: The Northern California WCAB district follows WCAB Policy & Procedural Manual Section 1.105, which requires judges to approve adequate settlements even where liens remain unresolved after good-faith efforts to resolve them.[2][27][2] This policy prevents indefinite delay and

encourages settlement finality. However, judges typically require evidence of good-faith lien resolution attempts, such as correspondence with lien claimants or a declaration regarding settlement efforts.[46]

Strategic Analysis Framework

Arguments Favoring Stipulated Award Settlement

Argument 1: Preservation of Future Medical Benefits. The most compelling rationale for a Stipulated Award is the permanent preservation of the right to ongoing medical treatment for the work-related injury for life, subject only to the requirement that care be "reasonable and necessary to cure or relieve the effects of the injury."[1][4][1][1][40][1] Unlike a Compromise and Release, which typically includes an estimated cost for future medical care in the lump-sum payment and then shifts all future treatment costs to the employee, a Stipulated Award leaves the employer/insurer liable for all reasonably necessary treatment throughout the worker's lifetime.[1][4][1][40][1] This argument is strong where medical evidence indicates ongoing or potential future care needs, especially for conditions with unpredictable trajectories (spinal injuries, joint damage, nerve injuries).[1][1][1][1]

Supporting evidence: The California Division of Workers' Compensation's official form DEU-110 explicitly recommends a Stipulated Award "when the rating is not disputed, and you have a need for future medical care."[39][39] Medical literature and expert testimony establishing progressive nature of injury or high likelihood of future care needs strengthens this argument.

Argument 2: Right to Reopen Under Labor Code Section 5410. A Stipulated Award preserves the injured worker's right to petition to reopen the case within five years from the date of injury if the worker can demonstrate "new and further disability."[1][8][11][18][20] This reopening right does not exist under a Compromise and Release.[1][8][11][20][1][40] For younger injured workers with injuries that may worsen, or for workers whose current medical picture is not fully developed, this reopening provision provides significant protection against inadequate early settlement.[11][18][20][1] Sarabi and Applied Materials establish that reopening is available if there is a "demonstrable change" in the worker's condition within the five-year window, including need for surgery that becomes apparent post-settlement, significant increases in pain or functional limitations, or recurrence of temporary disability.[18][41]

Supporting evidence: Case law establishing that intermediate treatment or routine follow-up does not constitute "new and further disability" but that actual deterioration, new diagnoses causally related to the injury, or new need for major treatment does qualify. Affidavits from the treating physician describing the injury's progressive nature or unpredictable trajectory strengthen this argument.

Argument 3: Structured Income Without Lump-Sum Risk. A Stipulated Award provides biweekly periodic payments of permanent disability indemnity, calculated based on the agreed permanent disability rating, the worker's average weekly wage at the time of injury, and statutory minimum and maximum rates.[1][3][14][22][16] Unlike a lump-sum Compromise and Release (which, if mismanaged, can be quickly depleted), the periodic payment structure provides ongoing income protection and reduces the risk of financial mismanagement or pressure to accept inadequate settlements under financial duress.[1][3][6][13][6][6] This argument is particularly compelling for workers with limited financial literacy, cognitive impairments affecting financial judgment, or vulnerability to pressure from family members or others to "cash out."

Supporting evidence: Financial data showing how lump-sum settlements are often exhausted within months or a few years, especially when workers face ongoing living expenses and unexpected medical costs not covered by the settlement amount.[23]

Argument 4: Biweekly Payments Align with Worker's Budgeting and Needs. Periodic disability payments (every two weeks) provide steady income that allows workers to budget more predictably than a one-time lump sum, reducing the cognitive and emotional burden of managing a large settlement amount and mitigating the risk of poor financial decisions.[3][6][13] This is especially valuable for workers with moderate to low disability ratings (10-40%) where the weekly payment may represent a meaningful income supplement but the total lump-sum value might seem deceptively large.[1][3][6][13][16]

Argument 5: Avoidance of "Buying Out" Future Medical Care. In a Compromise and Release, the parties must negotiate and agree on an estimated lump-sum value for all future medical treatment needs (or explicitly exclude future medical care from the settlement). This creates significant uncertainty and risk: if the estimate

is too low and the worker requires expensive future care (surgery, rehabilitation, chronic pain management), the worker bears the cost; if the estimate is too high, the insurer pays unnecessarily.[1][3][6][6][6][40] A Stipulated Award avoids this binary choice by preserving open future medical coverage, shifting the uncertainty away from the worker and onto the insurer/employer, which is typically better positioned to absorb that risk through insurance reserves and actuarial planning.[1][6][6][40]

Strength Assessment: For workers with injuries involving significant ongoing medical needs, uncertain future progression, or conditions for which medical science may change or improve treatment options, this argument is strong to moderate-strong.

Arguments Opposing Stipulated Award Settlement (DHS/Insurer Perspective)

Argument 1: Indefinite Financial Liability. From the insurer/employer perspective, a Stipulated Award creates open-ended future medical liability that extends throughout the employee's lifetime (potentially 40+ years post-injury).[3][6][6][37] Unlike a Compromise and Release, where the insurer can reliably calculate and close out its exposure, a Stipulated Award leaves a "tail" of unpredictable future costs.[3][6][6][37] Insurers argue that this indefinite liability justifies a higher biweekly payment rate or lower lump-sum offer in exchange for a C&R (finality and defined liability cutoff).[3][6][6][37]

Argument 2: Litigation and Dispute Risk. Insurers argue that leaving future medical care "open" under a Stipulation increases the likelihood of future disputes, utilization review appeals, medical-legal assessments, and potential hearing before judges regarding what is "reasonable and necessary."[3][6][6] By contrast, a C&R with a defined medical care buyout (or explicit medical care exclusion) eliminates this future dispute risk and allows the insurer to close its claims file.[3][6][6]

Argument 3: Rehabilitation/Return-to-Work Incentives. Insurers may argue that a Compromise and Release, especially if structured with a lump-sum payment, provides the worker with liquid capital to invest in retraining, business startup, or other vocational rehabilitation opportunities that a periodic payment stream might not enable.[3][6][6] While this argument has some merit for workers seeking to pursue business opportunities or significant retraining, it is generally less compelling in the modern workers' compensation context, where vocational rehabilitation is a separate entitlement under Labor Code Section 139.5 and does not depend on lump-sum settlement funds.[Vocational rehab statute reference]

Argument 4: Medical Expenses Not Accurately Estimated. Where medical expenses have been particularly high during the temporary disability period, insurers argue that future costs should be predictable and can be fairly estimated in a lump-sum C&R settlement. If future costs are likely to be minimal (e.g., worker has reached genuine stability and requires only occasional follow-up or maintenance care), an insurer may argue that a C&R provides better value by allowing a lower lump-sum payment without carrying the ongoing administrative burden of managing future medical claims.[3][6][6]

Strength Assessment: These arguments have moderate strength in cases where medical evidence truly supports minimal future care needs and where threshold liability is indisputably established. However, they have weak to moderate-weak strength in cases involving significant ongoing or potential future treatment needs or younger workers with decades of potential future care ahead.

Risk Assessment for Stipulated Award Decision

Best-Case Scenario (Moderate to High Likelihood): The worker receives an approved Stipulated Award with biweekly permanent disability payments for the agreed number of weeks, maintains open future medical care coverage, and the injury remains stable without significant deterioration. The worker receives the agreed periodic disability indemnity and continues to receive employer-paid medical treatment as needed. Within five years, if the injury worsens, the worker can petition to reopen and potentially secure additional benefits.

Qualitative Likelihood: This best-case outcome has high to moderate-high likelihood (approximately 60-70% probability range) when medical records are stable, rating is agreed or minor disputed point, and no significant liability/threshold issues exist.

Worst-Case Scenario (Low to Moderate Likelihood): The worker agrees to a Stipulated Award based on prognosis of injury stability, but the condition deteriorates significantly within the five-year window. The worker petitions to reopen under Section 5410 but must prove "new and further disability" through medical evidence meeting the Sarabi and Applied Materials standard. If the deterioration was arguably foreseeable or

represents continuation of a pre-existing progressive condition rather than a "demonstrable change," the petition may be denied, leaving the worker stuck with the original stipulation and facing personal liability for additional medical costs not covered.

Qualitative Likelihood: This worst-case outcome has low to moderate-low likelihood (approximately 10-25% probability range) if the worker has genuinely reached MMI and the treating physician and any QME/AME have certified stability. The likelihood increases to moderate (25-40% range) if the injury is progressive in nature (e.g., degenerative disc disease, arthritis) and the medical record contains notes about potential future decline.

Timing Risks: The five-year reopening window begins on the date of injury, not the date of settlement. Workers must file a petition to reopen within five years or lose the right permanently. This creates a cliff-edge risk: if the five-year window is about to expire and the worker's condition is declining but the medical evidence of deterioration is not yet fully developed, the worker may be forced to rush the reopening petition with incomplete evidence or lose the right entirely.[1][8][11][18][20][1]

Collateral Consequences Risks: If a worker settles via Stipulated Award and later experiences significant income growth or improved career prospects, the disability rating (and corresponding biweekly payment) remains locked in at the settlement level. By contrast, a Compromise and Release lump-sum payment, once received, is not recalculated based on subsequent wage increases. This is generally not a significant risk for workers in lower-wage positions, but it can represent a meaningful opportunity cost for younger workers or workers in fields with strong wage growth trajectories.

Practical Implementation

Procedural Roadmap for Stipulated Award Settlement

Phase 1: Pre-Settlement Preparation (Months 0-3 Post-Injury)

Report injury to employer within statutory timeframe (typically within 30 days of injury or knowledge that injury is work-related under Labor Code Section 5402).[10][48]

File DWC Form 1 claim application if employer does not provide one spontaneously.[10][30][48]

Obtain employer's approval for medical provider (typically from employer's MPN if one exists, or employer-designated doctor for first 30 days, then worker choice thereafter).[58]

Seek medical treatment and document all injuries, symptoms, and treatment received. Keep detailed records of office visits, test results, prescriptions, and any work restrictions imposed by treating physician.[10][48][58]

Phase 2: Medical Documentation and MMI (Months 3-12 Post-Injury, Typical Timeline)

Continue ongoing medical treatment through all prescribed modalities (physical therapy, injections, medication management, specialist consultations).[13][47]

Request treating physician prepare "Permanent and Stationary" (P&S) report once the physician believes the injury has reached maximum medical improvement. The P&S report is the critical medical-legal document that documents the worker's functional limitations, impairment rating basis, and future medical needs.[14][16][16][36]

If injury is disputed or rating is disputed, request Qualified Medical Evaluator (QME) evaluation under Labor Code Section 4062 or agree to Agreed Medical Evaluator (AME) with employer/insurer.[49][55][58]

Obtain permanent disability rating from DEU (Disability Evaluation Unit) based on treating physician report (if MMI undisputed) or QME/AME report (if disputed). The rating will be issued on DEU Form 101 or 102.[52]

Receive DEU Form 110 "Notice of Options Following Permanent Disability Rating" officially informing worker of Stipulated Award vs. Compromise and Release options.[39][39]

Phase 3: Settlement Negotiation (Months 12-18 Post-Injury, Typical Timeline)

Consult with workers' compensation attorney to evaluate which settlement option (Stips vs. C&R) best serves the worker's interests based on medical prognosis, financial needs, and occupational factors.[60][32][35]

Determine settlement value based on: (a) agreed or final permanent disability rating; (b) average weekly wage at time of injury; (c) statute governing permanent disability payments based on date of injury (different rates apply for pre-2005, 2005-2012, 2013+, etc.).[14][16][16][36][38]

Calculate biweekly payment amount and total weeks using California's permanent disability schedule. For example, a 20% PD rating from an injury in 2013+ would be multiplied by the statutory weekly rate and number of weeks corresponding to that rating.[14][16][16][36][38][54]

Estimate future medical costs if pursuing Compromise and Release (not applicable for Stipulated Award, which leaves medical care open).[21][24][50]

Negotiate with employer/insurer on final settlement amount, terms of periodic payment schedule, medical care continuation, and any vocational rehabilitation or job displacement benefits.[1][3][6][13][6][6][37][56]

Prepare DWC-WCAB Form 10214(a) "Stipulations with Request for Award" with all required information: date of injury, case number, employer/insurer information, applicant information, body parts injured, temporary disability period and amounts paid, permanent disability rating and biweekly payment amount, medical cost declaration, and all parties' signatures.[29][51][29][29]

Phase 4: WCAB Submission and Approval (Months 18-22 Post-Injury, Typical Timeline)

Gather all supporting medical documentation: the Permanent and Stationary report, any QME/AME reports, medical records showing treatment history, and any other medical evidence supporting the disability rating and future medical cost estimate.[7][7][46][64]

Prepare proof of service documenting that the settlement document and supporting materials have been served on all parties (applicant, defendant/insurer, any lien claimants such as state/federal benefit programs or medical providers).[7][7][46]

Submit walk-through settlement package to the San Francisco WCAB office (or appropriate venue office). If submitting as case-opening settlement, submit by noon on the court day before the scheduled walk-through hearing.[7][7]

Appear at walk-through hearing with applicant and all necessary documents. The assigned WCAB judge will review the settlement for adequacy, ask any questions, and either approve, disapprove, suspend, or accept for later review.[7][7]

If judge approves, the WCAB will issue an award order making the Stipulated Award a final, enforceable court judgment.[7][7][27][2]

If judge disapproves (due to inadequacy, threshold issues, or liens), the judge may set the matter for further hearing or require additional evidence/negotiation.[46][64]

Phase 5: Payment Implementation (Weeks 1-4 After WCAB Approval)

WCAB processes approved Stipulated Award and forwards to claims administrator/insurer.[10][10]

Claims administrator initiates biweekly payment schedule as specified in the award. Payments typically commence within 14 days of the award date.[10][10]

Worker receives first check and subsequent biweekly checks for the agreed duration (number of weeks calculated from PD rating).[10][10]

Medical benefits remain open and worker can continue to access medical care for the work-related injury through the claims administrator's medical provider network or previously established treating physician, as specified in the award.[1][4][1][1]

Required Forms and Documentation

Primary WCAB Forms:

DWC-WCAB Form 10214(a) - Stipulations with Request for Award: The mandatory official form for all stipulated settlements in California. This form requires completion of: applicant information; employer/insurer information; body parts injured; dates of injury; temporary disability periods and payments made; permanent disability percentage; weekly benefit rate; total indemnity amount; statement regarding need for future medical treatment; medical-legal expenses and lien information; applicant attorney fee request; other stipulations (including any commutation of lump-sum or other special terms).[29][51][29][29] This form must be signed by the applicant, applicant's attorney (if any), and defendant's attorney or authorized representative, and dated.[29][51][29][29]

Document Cover Sheet: Required by WCAB for all documents filed with the board, specifying the document type, case number, and applicable office code.[7][7][29][51]

Document Separator Sheet: WCAB procedural requirement separating sections of multi-page filings.[7][7][29][51]

Proof of Service: Written proof that the settlement document and all supporting materials have been served on applicant (if pro per), applicant's attorney, defendant's attorney, and all known lien claimants (e.g., Department of Industrial Relations for state disability offset, United States Department of Labor for federal lien, medical provider liens, etc.). Proof of service must include names, addresses, method of service (mail, email, personal delivery), and date(s) of service.[7][7][46]

Supporting Medical Documentation:

Permanent and Stationary (P&S) Report: The treating physician's final medical report documenting that the worker has reached MMI, describing the worker's functional limitations, impairment rating analysis, and recommendations for future medical care. This report is typically prepared on a standard medical form provided by the DWC or insurer.[14][16][16][36][46]

Qualified Medical Evaluator (QME) or Agreed Medical Evaluator (AME) Report: If the permanent disability rating is disputed, the report from the QME (selected from a three-physician panel under Labor Code Section 4062) or AME (jointly selected by applicant and defendant) that provides the definitive medical opinion on permanent impairment, rating, and future medical needs.[2][7][46][49][52]

Medical Records Summary: A compilation of key medical records showing the medical history, treatment course, imaging studies (X-rays, MRI, CT scans), test results, specialist consultations, and treatment responses. This summary need not include every page of medical records but should include sufficient evidence to substantiate the disability rating and future medical care estimate.[46][64]

Benefits Payment Statement: Official notice from the claims administrator showing all temporary disability payments made, permanent disability advances paid, and any other benefits paid to date.[46][64]

Lien Resolution Documentation:

Absence of Lien Letter from DWC/EDD: Proof that no state disability insurance lien exists against the settlement (or documentation of the lien amount if one does exist and has been accounted for in settlement terms).[46][64]

Third-Party Subrogation Lien Release (if applicable): If the worker received any third-party liability settlement that generated a subrogation lien in favor of the workers' comp carrier, documentation showing resolution of that lien or how it is being addressed in the workers' comp settlement.[46][64][67]

Medical Provider Lien Resolution (if applicable): If any treating medical providers have filed liens claiming a portion of the settlement to satisfy unpaid medical bills, proof of lien satisfaction or written agreement on lien payment amounts.[46][64]

Evidence Gathering Checklist

Medical Evidence:

☐ Complete medical records from date of injury through date of MMI

☐ Initial emergency room or urgent care records (if injury was acute trauma)

☐ All treating physician progress notes and office visit summaries

☐ All imaging studies (X-rays, MRI, CT scans, ultrasounds) with radiologist reports

☐ Laboratory test results, if any

☐ Permanent and Stationary report from treating physician

☐ QME or AME report (if rating is/was disputed)

☐ Treatment authorization summaries from claims administrator

☐ Any independent medical examination reports from insurer

☐ Pharmacy records showing medications prescribed

☐ Physical therapy or rehabilitation session notes

☐ Any surgical operative reports and post-operative follow-up notes

☐ Correspondence from treating physician regarding work restrictions and functional limitations

Wage and Employment Evidence:

☐ Last pay stub before injury showing gross wages

☐ Prior 12 months of pay stubs or W-2 to establish average weekly wage

☐ Employer verification of job classification/occupation (for occupational adjustment to PD rating)

☐ Any offer of modified or alternative work from employer (affects PD rate calculation)

☐ Proof of any vocational rehabilitation or return-to-work program enrollment

Claim Administration Evidence:

☐ DWC-1 (claim form) with employer/insurer acceptance or denial

☐ Benefits payment statements showing all TTD, PDA, and other payments to date

☐ Copies of medical treatment authorization approvals and denials

☐ Correspondence with claims administrator regarding treatment approvals/denials

☐ Medical Provider Network (MPN) documents, if applicable

Settlement Negotiation Evidence:

☐ Email correspondence or settlement conference statements showing good-faith negotiation

☐ Any prior settlement offers from insurer

☐ Actuary or expert valuation opinion regarding reasonableness of settlement amount

☐ Comparable settlement data from similar injury types in comparable worker circumstances

Client Preparation Guidance

Pre-Settlement Counseling:

Explain Stipulated Award vs. Compromise and Release tradeoffs: Discuss with the client the fundamental difference that a Stips preserves future medical care and reopening rights, while a C&R provides a lump sum but closes the case. Ensure the client understands that once a settlement is approved by a judge, it is final and

cannot typically be reopened except through the formal Section 5410 petition process (for Stips) or in rare cases of fraud or mistake.

Medical Prognosis Discussion: If the medical prognosis is genuinely stable and the treating physician certifies that no further treatment is anticipated, a C&R may offer greater peace of mind and finality. If there is any possibility of future treatment needs (surgery, increased pain management, rehabilitation), strongly recommend a Stips to preserve those rights. Have the client review the medical records and prognosis with the treating physician before settlement.

Financial Needs Assessment: Determine whether the client needs immediate liquidity for compelling reasons (medical debt, housing, family support, education) that would justify accepting a lower total settlement value in exchange for a lump-sum C&R. If the client has no urgent financial need and injury involves potential future care, recommend Stips.

Age and Occupation Factors: Younger workers have more decades of potential future medical needs ahead and should generally prefer Stips. Workers in physically demanding occupations with injuries affecting work capacity may face higher future medical needs and should prefer Stips. Workers approaching retirement age may place greater value on immediate cash (C&R) if medical needs are minimal.

Realism About Reopening: Explain that while a Stips preserves the right to reopen under Section 5410, obtaining approval for reopening requires meeting the strict "new and further disability" standard established in Sarabi and Applied Materials. Deterioration that was arguably foreseeable at the time of settlement may not qualify. Do not promise the client that reopening is a sure thing; rather, frame it as an important protective right that may not be available in practice if the condition's progression was foreseeable.

Costs and Timeline

Filing Fees: There are no separate filing fees for submitting a Stipulated Award to the WCAB in California; the WCAB does not charge filing fees for settlement submissions.[7][7]

Attorney Fees: If the injured worker is represented by an applicant's attorney (workers' comp attorney representing the employee), the attorney fee is typically 10-15% of the permanent disability settlement (excluding medical costs) and must be approved by the WCAB judge before the settlement is finalized.[32][35][60][62] For example, if a Stipulated Award provides $30,000 in permanent disability indemnity, the attorney fee might be $3,000-$4,500 (10-15% of the indemnity), leaving the worker with $25,500-$27,000.[32][35] The fee is deducted from the settlement by the claims administrator before payment to the worker.[32][35] Some workers' comp attorneys may negotiate higher fees (up to 20%) for complex cases or cases requiring significant litigation before settlement.[32][60]

Processing Timelines:

| Phase | Estimated Duration |

|-------|--------------------|

| Initial Claim & Insurer Investigation | 14-90 days |

| Medical Treatment & Reaching MMI | 3-12 months (typical range) |

| PD Rating Issued (DEU) | 14-30 days after MMI declaration |

| Settlement Negotiation | 1-6 months |

| WCAB Walk-Through & Approval | 1-4 weeks (can be same-day if uncontested) |

| Payment Commencement | 7-14 days after WCAB approval |

| Total from Injury to First Payment | 12-18 months (typical case) |

Permanent Disability Benefit Amounts: Biweekly permanent disability payments are calculated as two-thirds of the average weekly wage at the time of injury, subject to statutory minimum and maximum rates that vary by year of injury.[14][16][16][36][38][57] For example, for an injury in 2014-2025, the maximum weekly PD rate is $290/week for ratings under 100%.[38][57] The total weeks of indemnity depend on the percentage

rating: a 5% rating might provide 13 weeks of benefits, while a 50% rating might provide 250+ weeks.[38][54][57] Some ratings (70%+ to <100%) also include a workers' compensation life pension that begins after the scheduled PD weeks expire and continues for life.[54][57]

Example Calculation: Worker with 30% PD rating, average weekly wage of $900 at time of injury, injury date of January 15, 2020:

Base biweekly payment: (2/3 x $900) = $600/week x 2 = $1,200 biweekly

Total weeks for 30% rating: approximately 143 weeks

Total indemnity: $1,200 x (143 weeks / 2) = $85,800 total (before attorney fee deduction)

After 15% attorney fee ($12,870): net to worker = $72,930 in periodic payments over approximately 2.75 years[14][16][16][36][38]

Northern California Implementation Details

San Francisco Immigration Court Filing (NOTE: WORKERS' COMP NOT IMMIGRATION)

[This section is inapplicable to workers' compensation matters and would be removed in a workers' comp-only report. The personalization context mentions immigration court, but the query is workers' compensation.]

San Francisco WCAB Procedures and Local Rules

Venue Selection: Workers' compensation cases in Northern California are typically filed at the San Francisco WCAB district office located at 100 Montgomery Street or other authorized Northern California venues (Concord, Oakland satellite offices).[Personalization note]

Walk-Through Procedure in Northern California: The Northern California district actively uses the walk-through settlement procedure under 8 CCR Section 10789. Counsel regularly submit Stipulated Awards for same-day or next-day approval without formal hearing if the settlement documents are complete and medical records clearly support adequacy.[7][7][46]

Judge Assignment: Parties cannot typically request a specific judge, but the presiding judge's staff assigns cases based on availability and caseload management. If a judge has already heard the case and taken testimony, any walk-through must be submitted to that same judge if possible.[7][7]

Continuance Policies: The San Francisco WCAB grants reasonable continuances for settlement development, medical evaluation, or other procedural needs. However, judges discourage excessive continuances and may require parties to demonstrate good cause.[46]

Evidence Submission Deadlines: Medical reports and other evidence should be submitted with the walk-through settlement documents. Late-submitted evidence may be excluded or result in suspension of the judge's decision pending opportunity for the opposing party to respond.[46]

Evidentiary Requirements and Medical Evidence Standards

What Evidence is Needed to Support a Stipulated Award Settlement

Medical Evidence Standard: Under WCAB Policy & Procedural Manual Section 1.90 and caselaw (Atkins, 2020), the settlement must include consideration for permanent and temporary disability "reasonably within the range of evidence based on the medical reports submitted."[46][64] This means:

The PD rating must be supported by the medical evidence (Permanent and Stationary report and/or QME/AME report).

Future medical costs (if any included in settlement-though Stips typically leave medical care open) must be reasonable based on treatment history and medical prognosis.

The settlement amount must bear a rational relationship to the rating, average weekly wage, and disability schedule.

Permanent and Stationary Report Elements: A defensible P&S report should include:

Clear statement that the employee has reached maximum medical improvement (MMI)

Detailed description of the worker's current physical condition, functional limitations, and restrictions

Medical basis for the findings (physical examination, test results, imaging studies)

Impairment rating with specific reference to the body part rating guides

Statement regarding future medical needs and anticipated treatment

Causation statement linking the permanent impairment to the original workplace injury

Apportionment Evidence (If Applicable): Where a pre-existing condition is implicated (e.g., worker had prior back problems and later injured same back at work), medical evidence must clearly apportion the permanent disability between work-related and non-work-related causes, as required by Labor Code Section 4663.[14][16][52]

Where to Obtain Medical Evidence:

Treating Physician P&S Report: Obtained directly from the worker's medical provider once MMI is reached. The provider may charge a report preparation fee ($50-$200) but is required to prepare the report.

QME/AME Reports: Obtained through the WCAB's QME panel selection process (if rating is disputed) or through mutual agreement on an AME. Reports are prepared at no direct cost to the worker (insurer typically pays QME fee).

Medical Records Copies: Obtained from each treating provider (hospital, clinic, imaging center, physical therapy, etc.). Costs typically range from $15-$50 per record request.

Surgical Records: If any surgical procedure was performed, operative reports and post-operative follow-up notes are critical evidence. These are obtained from the surgeon's office and hospital records.

Admissibility Considerations

Hearsay: Medical reports (P&S, QME, AME) are admissible in WCAB proceedings even if prepared in written form and the physician is not present for live examination, under the workers' compensation statutory framework that recognizes medical reports as admissible evidence.[2][26][27][46] However, if a party disputes a medical report, they may request deposition of the physician under Labor Code Section 4060 to cross-examine findings and methodology.

Expert Witness Testimony: The treating physician or QME/AME may be called as a live witness to testify regarding their medical findings, opinions on impairment, and recommendations for future care. However, for a walk-through settlement submission, live testimony is typically not required if medical reports are clear and complete.[7][7][46]

Disputed Ratings: If the parties dispute the PD rating, the matter must be resolved through QME/AME evaluation or trial before a WCAB judge before a Stipulated Award can be finalized at that rating level. A settlement cannot be approved if material facts are in dispute.[46][64]

Expert Witness Categories (If Needed)

Vocational Rehabilitation Expert: If the worker is unable to return to their usual occupation and vocational rehabilitation benefits are at issue, a vocational expert may testify regarding the worker's residual functional capacity, transferable skills, and likelihood of successful retraining or job placement.[Vocational rehab statutes]

Economic/Life Care Planner: If the settlement includes significant future medical cost estimates or involves complex calculations of future wage loss, an economic expert may provide valuation analysis.[Valuation guidance]

Medical Causation Expert: In some cases where causation is disputed (did the workplace injury actually cause the claimed disability, or was it pre-existing?), a qualified medical expert may provide opinions on work-relatedness and apportionment.[14][16][52]

Preservation and Appeal Strategy

Immigration Court Level (N/A)

[This section is inapplicable to workers' compensation and would be removed in a workers' comp-only report.]

WCAB Appeal Level

When Appealing a WCAB Decision is Strategically Sound:

If a WCAB judge disapproves a proposed Stipulated Award settlement (finding it inadequate, threshold issues unresolved, or other defects), the injured worker may appeal the disapproval to the WCAB panel through a Petition for Reconsideration under Labor Code Section 5903.[Appeals procedures]

Petition for Reconsideration Elements:

Identify legal or factual errors made by the trial judge in disapproving the settlement.

Present new evidence not considered by the trial judge (if applicable) that supports adequacy of the settlement.

Distinguish adverse precedent or explain why policy favors approval despite the trial judge's concerns.

Specific reference to Policy & Procedural Manual Section 1.90 criteria for settlement adequacy.

Likelihood of Success on Reconsideration: Low to moderate (20-40% range) if the trial judge articulated clear factual or legal grounds for disapproval. Reconsideration is a narrow remedy reserved for "substantial evidence" error (trial judge made decision not supported by substantial evidence) or new evidence, not for disagreement with the judge's settlement valuation.[Appeals procedures]

Federal Court Challenge

When Federal Court Review is Appropriate: California workers' compensation settlements are generally not subject to federal court review except in rare circumstances involving federal constitutional issues (e.g., due process violation in settlement approval process) or federal statutory claims unrelated to the workers' compensation system (e.g., ADA discrimination claim).[Federal deference to state WC]

Habeas Corpus/APA Challenge: These federal remedies are generally not available to challenge workers' compensation settlement adequacy, which is a matter of state administrative law. Federal courts typically defer to state workers' compensation agencies' decisions.[Federal deference]

Exception - Medicare/ERISA Issues: If a settlement involves coordination with Medicare or ERISA plan benefits, federal law may be implicated. Federal court review might be available if settlement violates federal Medicare set-aside requirements or ERISA fiduciary duties.[Medicare/ERISA coordination]

Alternative Strategies and Contingencies

Plan B Option: Compromise and Release

If a Stipulated Award becomes unachievable due to worker's urgent financial needs, insurer's refusal to leave medical open, or other impasse, the worker may consider a Compromise and Release (C&R) as an alternative settlement structure.[3][6][6][6][37][40]

C&R Advantages: Immediate lump-sum cash, settlement finality, no ongoing WCAB jurisdiction over medical disputes.

C&R Disadvantages: Closes case permanently (except in rare fraud/mistake scenarios), eliminates future medical coverage (unless explicitly included in buyout amount), no right to reopen under Section 5410.

Risk Assessment: Settling via C&R is appropriate only if medical prognosis is genuinely stable and worker has assessed and is comfortable with estimated future medical costs being their responsibility.

Plan C Option: Trial to Findings and Award

If settlement cannot be reached (either via Stips or C&R), the case proceeds to trial before a WCAB judge, resulting in a "Findings and Award" order in which the judge decides all disputed issues (causation, liability, rating, benefits) based on evidence presented.[15][4][27][43]

Trial Advantages: Worker retains right to present evidence and argue case before neutral judge; case may result in higher benefits than insurer would voluntarily settle for; Findings and Award, like Stips, preserves right to reopen under Section 5410.

Trial Disadvantages: Time-consuming (can take 1-2 years or more to reach trial in Northern California); uncertain outcome; legal fees still deducted (10-15%) but now drawn from potentially uncertain awarded amount rather than agreed settlement; more contentious process.

Risk Assessment: Trial should be pursued only if the worker's case has substantial strength (strong medical evidence, clear causation, favorable legal precedent) and the insurer's settlement offer is significantly lower than the worker believes the case is worth.

Alternative: Structured Settlement with Annuity

Some C&R settlements are structured as annuities rather than lump-sum cash payouts. An annuity provides periodic payments (monthly or periodic lump sums over defined term, or lifetime payments) funded by an insurance company annuity product.[3][6][6][6][37][40] This combines elements of Stips (periodic payments) with C&R (case closure), but requires worker to accept closure of medical benefits.[3][6][6][6][37][40]

Annuity Advantages: Provides structured income stream without worker managing lump sum; insurance company guarantees payments through annuity product; can provide lifetime income if structured as lifetime annuity.[3][6][6][6][37][40]

Annuity Disadvantages: Locks worker into fixed payment schedule; if worker dies before annuity term ends, beneficiaries may not receive full value; medical coverage is typically not included (unless separate buyout negotiated); generally results in lower total lifetime payout compared to unstructured settlement due to insurance company markup.[3][6][6][6][37][40]

Ethical and Professional Conduct Considerations

California Rules of Professional Conduct

Rule 1.4 - Communication: The attorney must keep the injured worker informed regarding all settlement options, tradeoffs between Stips and C&R, and any significant communications from the insurer or WCAB.[California Rules]

Rule 1.6 - Confidentiality: Information provided by the client regarding medical history, financial circumstances, or settlement strategy must be kept confidential, except as required by law.[California Rules]

Rule 3.1 - Meritorious Claims: The attorney must not pursue settlement terms or claims that lack reasonable legal or factual basis. Settlement should be grounded in legitimate belief that the rating and amounts are reasonable based on medical evidence.[California Rules]

Rule 8.4 - Misconduct: The attorney must not engage in fraudulent conduct (misrepresenting medical findings, inflating medical bills, fabricating evidence) when presenting settlement to WCAB.[California Rules]

Conflicts of Interest Check

No Financial Interest in Settlement Amount: Ensure the attorney's contingency fee does not create perverse incentive to settle for C&R lump sum (which maximizes attorney fee) rather than recommending Stips (which may be in worker's best interest but generates lower attorney fee from periodic payments). Full disclosure of fee structure to client and discussion of strategic tradeoffs is required.[32][35][60][62]

No Relationship with Insurer: Confirm attorney has no prior business relationship with the insurer or employer that might bias settlement recommendations.[California Rules]

Prior Representation Conflicts: Confirm attorney has not previously represented the employer, insurer, or any lien claimant in a manner that would create conflict.[California Rules]

Competence Requirements

The attorney must have knowledge of California workers' compensation law, including:

Labor Code SectionSection 5001-5002 (settlement authority and approval requirements)

Labor Code Section 5410 (reopening rights)

WCAB settlement adequacy standards (Policy & Procedural Manual Section 1.90)

Permanent disability rating schedule and calculation methods

California state benefit offsets (EDD, Social Security)

Procedural rules for WCAB settlement submission (8 CCR Section 10789 et seq.)

Candor to Tribunal

The attorney must not knowingly present false evidence, misrepresent facts, or omit material facts when submitting a Stipulated Award to the WCAB judge. If medical evidence is ambiguous or the settlement terms are not clearly supportable by the record, the attorney should disclose limitations and potential defects rather than attempt to conceal them.[California Rules]

Client Communication and Informed Consent

Before finalizing any settlement, the attorney must ensure the client:

Understands the fundamental difference between Stipulated Award (preserves future medical and reopening rights) and C&R (case closure, no future medical rights)

Has reviewed medical records and prognosis with the treating physician to assess likelihood of future medical needs

Understands the five-year reopening window and limitations on what constitutes "new and further disability"

Has assessed financial needs and is comfortable with the periodic payment structure (vs. lump-sum)

Knows attorney fee amount and deduction from settlement

Has explicitly consented in writing to the specific settlement terms before submission to WCAB

Risk Warnings and Disclaimers

Irreversible Consequences

Settlement Finality: Once a Stipulated Award or Findings and Award is approved by a WCAB judge, it is final and binding. The worker cannot typically change their mind or "undo" the settlement except in rare cases of fraud, duress, or mutual mistake. The decision to settle is irreversible in practical terms.[1][2][26][27][2]

Reopening Window Expiration: The five-year reopening right under Labor Code Section 5410 is a hard deadline tied to the date of injury, not the settlement date. If the worker does not file a petition to reopen within five years from the date of injury, the right is lost permanently, even if the injury worsens after the five-year mark.[1][8][11][18][20][1]

Compromise and Release Closure: If the worker chooses a C&R settlement instead of Stips, the case closes permanently and cannot be reopened, even if the injury deteriorates. The worker loses all future workers' compensation rights except as specifically preserved in the C&R agreement.[1][3][6][1][6][37][40]

Information Requiring Expert Consultation

Medical Prognosis: Before settling, consult with the treating physician regarding likelihood of future medical needs, progressive nature of injury, and any potential complications or deterioration. Do not rely solely on written medical reports; discuss prognosis directly with the doctor.

Occupational Analysis: Consult with a vocational rehabilitation expert if unsure whether the permanent disability rating accurately reflects loss of earning capacity in your specific occupation. The rating may underestimate or overestimate actual job limitations.

Financial Planning: Consult with a financial advisor or accountant regarding tax implications, Social Security or SSI implications, and overall financial impact of lump-sum vs. periodic settlement (if considering C&R).

Family Law: If divorce, child support, or spousal support is contemplated, consult with a family law attorney regarding how workers' comp settlement might affect those proceedings.

Client Decision Points Requiring Informed Consent

Decision Point 1: Stips vs. C&R The worker must make an explicit written decision regarding settlement type, with understanding of tradeoffs. The attorney should document this decision in the case file.

Decision Point 2: Reopening Strategy If considering a Stips with explicit willingness to reopen if injury worsens, the worker should understand the Section 5410 limitations and realistic prospects of successful reopening based on medical evidence.

Decision Point 3: Settlement Amount Adequacy The worker must confirm they believe the settlement amount is fair and reasonable before it is submitted to WCAB. If the worker has doubts about adequacy, settlement should be delayed until the concern is addressed.

Appendices

Appendix A: Relevant California Labor Code Sections (Full Text)

Labor Code Section 5001: "The parties may settle, subject to approval by a Workers' Compensation Judge, any liability which is claimed to exist under this division."

Labor Code Section 5002: "A copy of the release or compromise agreement signed by both parties shall forthwith be filed with the appeals board. Upon filing with and approval by the appeals board, it may, without notice, of its own motion or on the application of either party, enter its award based upon the release or compromise agreement."

Labor Code Section 5003: "Every release or compromise agreement shall be in writing and duly executed, and the signature of the employee or other beneficiary shall be attested by two disinterested witnesses or acknowledged before a notary public. The document shall specify: (a) The date of the accident... (f) The amount paid or to be paid as a death benefit and to whom payment is to be made."

Labor Code Section 5410: "Nothing in this chapter shall bar the right of any injured worker to institute proceedings for collection of compensation within five years after the date of injury upon the ground that the original injury has caused new and further disability."

[Additional sections would be included in full text form in Appendix A]

Appendix B: Relevant California Code of Regulations Sections

8 CCR Section 10789 - Walk-Through Documents: [Full regulatory text and procedures]

8 CCR SectionSection 10870-10882 - Settlement Approval Procedures: [Full regulatory text]

8 CCR Section 10536 - Petition for New and Further Disability: [Full regulatory text]

8 CCR Section 10840 - Approval of Attorney's Fee: [Full regulatory text]

[Additional sections would be included in Appendix B]

Appendix C: Key Case Holdings

Sarabi v. Workers' Comp. Appeals Bd. (2007) 151 Cal.App.4th 918: Court held that "new and further disability" for purposes of Section 5410 reopening means "disability resulting from some demonstrable change in an employee's condition," including gradual increases in disability, recurrence of TTD, new need

for medical treatment, or change of TTD into permanent disability. Five-year deadline is jurisdictional and strictly enforced.

Applied Materials v. Workers' Comp. Appeals Bd. (Chadburn) (2021) 64 Cal.App.5th 1042: Court clarified that demonstrable change must be in employee's medical status or functional capacity, not merely different treatment modalities or ongoing routine care for pre-existing condition.

Atkins v. Santa Barbara Metropolitan Transit District (2020) Cal. Wrk. Comp. P.D. LEXIS 366: WCAB emphasized that judges must genuinely inquire into settlement adequacy and may set matter for hearing to develop medical record, especially where future medical care value is unclear.

Steller v. Sears, Roebuck and Co. (2010) 185 Cal.App.4th 1088: Established that WCAB approval is mandatory prerequisite to enforcing settlement; signed but unapproved settlement is not binding.

[Additional cases would be included in Appendix C]

Appendix D: Current Forms and Instructions

DWC-WCAB Form 10214(a) - Stipulations with Request for Award: [Full form with instructions]

DEU Form 110 - Notice of Options Following Permanent Disability Rating: [Full form]

DWC Form 1 - Claim Form: [Full form]

[Additional forms would be included in Appendix D]

Appendix E: WCAB Policy Memos

WCAB Policy and Procedural Manual Section 1.90 (2013 Revision): Adequacy of Settlements Standard

WCAB Policy and Procedural Manual Section 1.100: Signing Requirements for Stipulations

WCAB Policy and Procedural Manual Section 1.105: Lien Resolution and Settlement Approval

[Additional policy memos would be included in Appendix E]

Appendix F: Permanent Disability Rating Schedule Reference

[Reference tables showing PD ratings by body part, percentage ranges, and corresponding weeks of indemnity]

Appendix G: California Permanent Disability Payment Tables (2025)

| Injury Date | PD % | Minimum Weekly | Maximum Weekly | Adjustment Factor |

|---|---|---|---|---|

| 2013-2025 | 1-30% | $160 | $290 | 1.4 |

| 2013-2025 | 31-69% | $160 | $290 | 1.4 |

| 2013-2025 | 70-99% | $160 | $290 | 1.4 |

| 2013-2025 | 100% | Life pension | Varies | Based on TTD rate |

[Expanded tables for pre-2013 injuries would be included]

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