

General Claims Handling - California Workers Compensation, Self Insurance Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

This is a sample study guide. To access the full version with hundreds of questions,

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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	6
Answers	9
Explanations	11
Next Steps	17

Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Don't worry about getting everything right, your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations, and take breaks to retain information better.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning.

7. Use Other Tools

Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly — adapt the tips above to fit your pace and learning style. You've got this!

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Questions

- 1. What would the benefit be for an employee with a Permanent Disability of less than 15% between 2004 - 2013?**
 - A. \$2,000**
 - B. \$4,000**
 - C. \$6,000**
 - D. \$8,000**
- 2. What is the purpose of a 'claim form' (DWC-1) in California Workers' Compensation?**
 - A. To document and initiate a worker's claim for benefits**
 - B. To request a medical examination**
 - C. To appeal a denial of benefits**
 - D. To verify employment status**
- 3. If an employee has a Permanent Disability between 26% - 49% from 2004 - 2013, what is the benefit provided?**
 - A. \$5,000**
 - B. \$6,000**
 - C. \$8,000**
 - D. \$10,000**
- 4. When is reapplication for a Certificate of Consent to Self-Insure needed?**
 - A. If the program is not initiated within six months**
 - B. If there has been a change in business structure**
 - C. If the insurance policy needs renewal**
 - D. If claim costs exceed expected amounts**
- 5. What is the least amount of loss of motion of a finger(s) that is considered rateable using the 1997 schedule?**
 - A. Minimal flexing**
 - B. Barely touching**
 - C. Complete loss**
 - D. Full motion**

- 6. How long does the employer have to respond to an Independent Medical Review request for medical records?**
- A. 5 Days**
 - B. 10 Days**
 - C. 15 Days**
 - D. 20 Days**
- 7. Under what circumstance does exclusive remedy for injury or death not apply?**
- A. When an employee is working off-site**
 - B. In cases of intoxication or if the employee is the initial physical aggressor**
 - C. When the injury occurs during a break**
 - D. If the employer has not provided adequate training**
- 8. Which specialist should an employee with a herniated disc be referred to?**
- A. Physiatrist**
 - B. Orthopedic surgeon**
 - C. Neurologist**
 - D. Chiropractor**
- 9. What is the standard rating for an individual with moderate vertigo?**
- A. 40%**
 - B. 50%**
 - C. 60%**
 - D. 70%**
- 10. Formal rating determinations shall be considered evidence for which aspect?**
- A. Severity of the injury only**
 - B. Date of the injury only**
 - C. Relationship between disability and percentage of permanent disability**
 - D. Compensation calculations only**

Answers

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- 1. B**
- 2. A**
- 3. C**
- 4. A**
- 5. B**
- 6. B**
- 7. B**
- 8. B**
- 9. B**
- 10. C**

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Explanations

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1. What would the benefit be for an employee with a Permanent Disability of less than 15% between 2004 - 2013?

- A. \$2,000**
- B. \$4,000**
- C. \$6,000**
- D. \$8,000**

For an employee with a permanent disability rating of less than 15% during the years 2004 to 2013 in California, the benefit amount that they would receive is \$4,000. This sum is based on the established statutory guidelines for permanent disability benefits during that time frame, which outlined the maximum allowable amounts for different levels of disability. Employees with a permanent disability rating under 15% are eligible for a specific benefit that takes into account the severity of their condition. The legislation during that period detailed these amounts and aimed to provide partial compensation for the impairment that prevents them from fully engaging in their previous employment. This amount is important as it incentivizes the completion of medical rehabilitation and return to work while also acknowledging the lifelong impact of the permanent disability. The statutory structure is designed to offer financial support to those who sustain injuries that affect their work capacity, albeit at a lower percentage due to the less severe impairment.

2. What is the purpose of a 'claim form' (DWC-1) in California Workers' Compensation?

- A. To document and initiate a worker's claim for benefits**
- B. To request a medical examination**
- C. To appeal a denial of benefits**
- D. To verify employment status**

The purpose of a claim form, known as the DWC-1 in California workers' compensation, is to document and initiate a worker's claim for benefits. This form serves as the initial point of contact for an employee who has sustained a work-related injury or illness to officially report the incident. By filling out the DWC-1, the injured worker provides essential information, including details about the injury, the date it occurred, and the circumstances surrounding the event. This initiates the process of securing medical treatment and compensation for the worker, ensuring that they are able to access the benefits to which they are entitled under California law. The other choices pertain to different processes within the workers' compensation system but do not accurately describe the primary function of the DWC-1 form. While requesting a medical examination, appealing a denial of benefits, or verifying employment status are all important aspects of managing a workers' compensation claim, they are not the primary role of the DWC-1 form.

3. If an employee has a Permanent Disability between 26% - 49% from 2004 - 2013, what is the benefit provided?

- A. \$5,000**
- B. \$6,000**
- C. \$8,000**
- D. \$10,000**

The benefit amount for an employee with a Permanent Disability rating between 26% and 49% reflects specific provisions established under California's workers' compensation laws during the specified time period. For disabilities assessed between these percentages, the system dictates that the compensation amount corresponds to a midpoint between the benchmarks of the disability rating scale and the benefits associated with those ratings. In this particular instance, the amount of \$8,000 is set according to the statutory guidelines prescribed for Permanent Disabilities within the range of 26% to 49%. This figure serves as a benchmark to compensate employees for the limitations imposed by their permanent injury, therefore providing a degree of financial support that reflects their level of disability. Other options such as \$5,000, \$6,000, and \$10,000 do not align with the established benefits structure for that specific range of Permanent Disability ratings during the indicated years; they may correspond to different percentages or types of benefits within the California workers' compensation framework, but not for this particular bracket of disability. This illustrates the importance of understanding how workers' compensation benefits are tiered based on the severity of disabilities and the historical context of benefit assignments.

4. When is reapplication for a Certificate of Consent to Self-Insure needed?

- A. If the program is not initiated within six months**
- B. If there has been a change in business structure**
- C. If the insurance policy needs renewal**
- D. If claim costs exceed expected amounts**

The correct response involves understanding the specific requirements for maintaining a Certificate of Consent to Self-Insure within the California workers' compensation framework. Reapplication for this certificate is needed when a self-insured employer has not initiated their self-insurance program within a specified timeframe, which is six months from the date of issuance. This requirement ensures that the employer is actively engaging in self-insurance practices and provides the necessary oversight to protect workers' rights. When an employer does not start their program within the set timeframe, it raises concerns about their commitment to self-insuring their liabilities and can result in potential lapses in coverage for employees. Thus, timely initiation is critical, and if it doesn't occur within six months, reapplication is necessary to confirm continued eligibility and compliance with regulatory standards. In contrast, changes in business structure, insurance policy renewals, or exceeding claim costs do not directly trigger the reapplication process for the Certificate of Consent. Each of those situations may involve different regulatory considerations or financial implications, but they do not specifically require a reapplication for the certificate unless they directly affect the company's ability to meet the criteria outlined for self-insurance which could lead instead to adjustments in their self-insurance program rather than a complete re-application for certification.

5. What is the least amount of loss of motion of a finger(s) that is considered rateable using the 1997 schedule?

- A. Minimal flexing**
- B. Barely touching**
- C. Complete loss**
- D. Full motion**

The least amount of loss of motion of a finger(s) that is considered rateable using the 1997 schedule is "barely touching." In the context of the 1997 schedule, this indicates a measurable reduction in functionality that can still be recognized for its impact on the individual's capacity to perform activities. In workers' compensation claims, particularly relating to upper extremity injuries, any measurable loss of range of motion begins to have significance in the rating process. "Barely touching" implies that there is indeed some functional loss, albeit minimal. This distinction is crucial because it highlights that even small impairments in range of motion can be of consequence, as they may contribute to a larger assessment of overall disability or impairment. The other scenarios—such as minimal flexing, complete loss, and full motion—do not align as effectively with the criteria for rateable motions under the schedule. Minimal flexing could suggest that motion is still present, complete loss represents a more significant impairment (beyond the threshold of "least"), and full motion indicates that there is no impairment at all. The key focus here is on recognizing even slight limitations as potentially significant in legal and medical evaluations of worker impairments.

6. How long does the employer have to respond to an Independent Medical Review request for medical records?

- A. 5 Days**
- B. 10 Days**
- C. 15 Days**
- D. 20 Days**

In the context of California workers' compensation, when a request for an Independent Medical Review (IMR) is made, the employer is required to respond within a specific timeframe. The correct response time is 10 days. This timeframe is crucial to ensure that medical records are provided in a timely manner for the IMR process to proceed without undue delay. The 10-day period reflects the importance of prompt communication and action in workers' compensation claims, as this helps to facilitate the review of the injured worker's medical condition and treatment options. Timely responses are essential for maintaining the integrity and efficiency of the claims process, contributing to appropriate and timely medical care for injured employees.

7. Under what circumstance does exclusive remedy for injury or death not apply?

- A. When an employee is working off-site**
- B. In cases of intoxication or if the employee is the initial physical aggressor**
- C. When the injury occurs during a break**
- D. If the employer has not provided adequate training**

The exclusive remedy provision in California workers' compensation law is designed to limit an employee's ability to sue an employer in tort for work-related injuries or deaths. This protection is generally upheld unless specific exceptions apply. The correct circumstance under which the exclusive remedy does not apply is when there is intoxication or if the employee is the initial physical aggressor. In these situations, the employee may be barred from claiming workers' compensation benefits against the employer due to engaging in egregious behavior or actions that lead to the incident. Intoxication typically indicates a disregard for safety policies, while being the initial aggressor suggests that the employee instigated the harm. Both factors can establish that the actions taken by the employee were outside the bounds of typical workplace conduct, thus allowing for potential legal action against the employer. Understanding this allows one to see how specific behaviors or circumstances can create exceptions to the otherwise broad protections workers' compensation laws provide, emphasizing the importance of workplace safety and personal responsibility. Other options may involve situations where the exclusive remedy still applies, as they do not constitute the same level of misconduct or deviation from expected behavior in the workplace.

8. Which specialist should an employee with a herniated disc be referred to?

- A. Physiatrist**
- B. Orthopedic surgeon**
- C. Neurologist**
- D. Chiropractor**

A herniated disc often requires specialized care to address the complexities of the condition, which can involve both structural and neurological components. The most suitable specialist for this situation is an orthopedic surgeon. Orthopedic surgeons are trained to deal with musculoskeletal issues, including the spine, and they have the expertise to assess the severity of the disc herniation and determine whether surgical intervention is necessary. They can also provide a comprehensive treatment plan that may include non-surgical options, such as physical therapy or medication, if surgery is not immediately required. While other specialists, like physiatrists and neurologists, play important roles in managing pain and rehabilitation or addressing neurological symptoms, the orthopedic surgeon is specifically equipped to evaluate and treat the structural problems associated with a herniated disc. A chiropractor might provide relief through spinal manipulation, but they do not operate or diagnose surgical conditions as orthopedic surgeons do. Therefore, referring the employee to an orthopedic surgeon offers the best route for comprehensive management of the herniated disc.

9. What is the standard rating for an individual with moderate vertigo?

- A. 40%
- B. 50%**
- C. 60%
- D. 70%

The standard rating for an individual with moderate vertigo is considered to be 50%. In workers' compensation claims, ratings are often derived from the American Medical Association (AMA) Guides to the Evaluation of Permanent Impairment, which provides a standardized method for assessing various medical conditions and their impact on an individual's ability to work and perform daily activities. Moderate vertigo typically indicates that the individual experiences significant balance issues and dizziness affecting their ability to function normally, but it does not encompass the most severe manifestations of the condition. The 50% rating reflects a substantial but not complete impairment. This means that while the individual may face challenges in their daily life and workplace, they are still able to perform some tasks. Furthermore, other choices reflect ratings that may apply to more severe levels of vertigo and balance impairment, such as severe or total impairment, which would warrant higher percentages. The selected standard rating indicates a careful balance between recognizing the disability and leaving room for the potential of some functional capacity.

10. Formal rating determinations shall be considered evidence for which aspect?

- A. Severity of the injury only
- B. Date of the injury only
- C. Relationship between disability and percentage of permanent disability**
- D. Compensation calculations only

The correct choice highlights that formal rating determinations are essential in establishing the relationship between the disability sustained and the percentage of permanent disability. In California workers' compensation, determining the extent of a worker's permanent disability is crucial for accurately assessing their entitlements. When an injured worker receives a formal rating, it provides an objective assessment of how the injury affects their ability to work and overall quality of life. This rating is calculated using the medical guidelines set forth by the state and is vital for making informed decisions about compensation. The percentage of permanent disability derived from these ratings directly impacts the amount and duration of benefits an injured worker may receive. As such, establishing this relationship is fundamental in the claims handling process, ensuring that fair compensation is afforded based on the functional limitations imposed by the injury. Other options, while potentially relevant to the claims process, do not capture the primary role of formal rating determinations as effectively as this choice.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://genclaimshandlingcawc.examzify.com>

We wish you the very best on your exam journey. You've got this!