

OKLAHOMA WORKERS COMPENSATION (WC) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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THE FULL VERSION STUDY GUIDE**

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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. 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.

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. 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!

Questions

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- 1. When may reimbursement for medical expenses be limited?**
 - A. When expenses exceed a certain threshold
 - B. When the medical provider is not in-network
 - C. When costs are not deemed reasonable and necessary
 - D. Never, there is always full reimbursement
- 2. What compensation is available for workers who are partially disabled but still able to work?**
 - A. Temporary Total Disability (TTD)
 - B. Permanent Partial Disability (PPD)
 - C. Temporary Partial Disability (TPD)
 - D. Complete Disability
- 3. What is the purpose of the Oklahoma Workers' Compensation Drug-Free Workplace Program?**
 - A. To encourage the use of recreational drugs in the workplace
 - B. To reduce workplace injuries and substance abuse
 - C. To promote flexible hours for employees
 - D. To enhance productivity through overtime work
- 4. How does the "exclusive remedy" provision affect workers' compensation claims?**
 - A. It allows personal injury lawsuits against employers
 - B. It limits compensation to workers' compensation benefits exclusively
 - C. It eliminates employer liability altogether
 - D. It allows workers to choose between compensation methods
- 5. Which benefits are typically included in a workers' compensation system?**
 - A. Unemployment benefits
 - B. Health insurance
 - C. Compensation for work-related injuries
 - D. Pension plans

- 6. What type of benefit modification might occur post-hearing?**
- A. Increase in awarded benefits only
 - B. Decrease, increase, or denial of benefits
 - C. Permanent closure of the claim
 - D. Refusal of any further benefits
- 7. Why might a claims adjuster deny a Workers' Compensation claim?**
- A. Due to the employee's lack of job security
 - B. If the investigation shows insufficient evidence of work-related injury
 - C. If the treatment plan is too expensive
 - D. If the employer disagrees with the claim
- 8. What requirement do employers have regarding notification to employees about benefits?**
- A. Employers must notify employees verbally
 - B. Employers must notify employees within 10 days
 - C. Employers must notify employees through an email
 - D. Employers must provide written notification
- 9. What must an employee do immediately after sustaining a work-related injury?**
- A. Seek a lawyer before anything else
 - B. Report the injury to their employer promptly
 - C. File a lawsuit against the employer
 - D. Leave work until fully recovered
- 10. What is the process for contesting a Workers' Compensation claim denial in Oklahoma?**
- A. Files a workplace incident report
 - B. Requests a hearing before the Workers' Compensation Commission
 - C. Submits a letter of disagreement to the employer
 - D. Waits for the next available claim review

Answers

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1. C
2. C
3. B
4. B
5. C
6. B
7. B
8. D
9. B
10. B

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Explanations

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1. When may reimbursement for medical expenses be limited?

- A. When expenses exceed a certain threshold
- B. When the medical provider is not in-network
- C. When costs are not deemed reasonable and necessary**
- D. Never, there is always full reimbursement

Reimbursement for medical expenses in Oklahoma Workers' Compensation can be limited when the costs are not deemed reasonable and necessary. This assessment is crucial in ensuring that the expenses covered under workers' compensation are directly related to the work-related injury and are appropriate for the treatment of that injury. Medical expenses that do not meet these criteria may not be reimbursed in full or at all, as the system is designed to prevent fraudulent claims and to ensure that funds are used effectively for treatments that will genuinely assist the injured worker in their recovery. Understanding this limitation is essential because it highlights the importance of medical necessity in workers' compensation claims. It ensures that injured workers receive appropriate care while also safeguarding the system's resources from being used for unnecessary procedures or treatments that do not directly contribute to the individual's recovery. In contrast, factors such as exceeding a certain threshold for expenses or being out of network pertain to specific insurance policy stipulations, but the core principle of limiting reimbursement revolves around the concept of medical necessity, making it a fundamental aspect of the workers' compensation framework.

2. What compensation is available for workers who are partially disabled but still able to work?

- A. Temporary Total Disability (TTD)
- B. Permanent Partial Disability (PPD)
- C. Temporary Partial Disability (TPD)**
- D. Complete Disability

The correct answer highlights the nature of compensation available for workers who are partially disabled but still able to work. Temporary Partial Disability (TPD) is designed to provide benefits to employees who, due to a work-related injury, experience a loss of earning capacity but are not completely unable to work. This means they can still perform some work duties, albeit at a reduced capacity or in a different role. In the context of Oklahoma workers' compensation, TPD benefits are typically calculated based on the difference between the worker's average weekly wage before the injury and their current earnings after the injury, up to a certain limit. This system exists to support employees who are in the process of recovering while acknowledging the reality that their earning potential may be temporarily diminished. On the other hand, Temporary Total Disability (TTD) relates to situations where a worker cannot engage in any work while recovering from injuries, and Permanent Partial Disability (PPD) applies when an employee has reached maximum medical improvement but still has lasting effects from the injury that result in some level of permanent impairment. Complete Disability refers to those who are entirely unable to work due to their injuries, encompassing more severe cases than those eligible for TPD. Thus, TPD is specifically tailored for those who retain some capacity

3. What is the purpose of the Oklahoma Workers' Compensation Drug-Free Workplace Program?

- A. To encourage the use of recreational drugs in the workplace
- B. To reduce workplace injuries and substance abuse**
- C. To promote flexible hours for employees
- D. To enhance productivity through overtime work

The purpose of the Oklahoma Workers' Compensation Drug-Free Workplace Program is primarily to reduce workplace injuries and substance abuse. This initiative aims to foster a safer work environment by minimizing the risks associated with drug and alcohol use on the job. By implementing policies that discourage substance abuse, employers can help to lower the incidence of accidents and injuries, ensuring a healthier workplace for employees and reducing the overall costs associated with workers' compensation claims. The program typically includes educational components about the dangers of substance use, employee assistance programs, and policies for drug testing. By addressing these issues proactively, the program not only promotes safety but also encourages employees to seek help if they are struggling with substance abuse, ultimately benefiting both the employees and the organization.

4. How does the "exclusive remedy" provision affect workers' compensation claims?

- A. It allows personal injury lawsuits against employers
- B. It limits compensation to workers' compensation benefits exclusively**
- C. It eliminates employer liability altogether
- D. It allows workers to choose between compensation methods

The "exclusive remedy" provision is a fundamental principle of workers' compensation systems, including Oklahoma's, which plays a crucial role in how claims are handled. This provision ensures that employees receive compensation for work-related injuries exclusively through the workers' compensation system, thereby limiting the employees' ability to pursue additional legal actions against their employers for those same injuries. By providing benefits like medical expenses, lost wages, and rehabilitation services, the workers' compensation system offers a streamlined process for employees injured on the job. In return for these guaranteed benefits, employees typically forfeit their right to sue their employers for negligence or other causes of action related to their job-related injuries. This trade-off is intended to provide swift and certain relief to injured workers while protecting employers from potentially crippling lawsuits. The exclusive remedy provision is designed to foster a cooperative and less adversarial relationship between workers and employers, ensuring that employees are compensated for injuries without the delay and unpredictability that can accompany traditional personal injury lawsuits. Therefore, it confirms that compensation claims are strictly confined to what is available under workers' compensation benefits, making this answer the correct understanding of how the provision operates within the claims process.

5. Which benefits are typically included in a workers' compensation system?

- A. Unemployment benefits
- B. Health insurance
- C. Compensation for work-related injuries**
- D. Pension plans

The inclusion of compensation for work-related injuries is a fundamental aspect of workers' compensation systems. These benefits are designed to provide financial support and medical care to employees who suffer injuries or illnesses as a direct result of their job duties. This system emphasizes that employees have the right to receive these benefits without proving fault on the part of the employer, which simplifies the process for injured workers and promotes a safer work environment. Compensation for work-related injuries typically covers medical expenses, rehabilitation, and a portion of lost wages due to the time off work required for recovery. By focusing on supporting injured workers and ensuring they have access to necessary care, workers' compensation seeks to aid recovery and facilitate a smooth return to work. In contrast, the other options listed do not align with the core purpose of workers' compensation. Unemployment benefits are intended for individuals who lose their job through no fault of their own, while health insurance is generally a separate benefit offered by employers to cover a range of health-related expenses unrelated to work injuries. Similarly, pension plans are retirement benefits, not designed for addressing immediate needs arising from workplace injuries.

6. What type of benefit modification might occur post-hearing?

- A. Increase in awarded benefits only
- B. Decrease, increase, or denial of benefits**
- C. Permanent closure of the claim
- D. Refusal of any further benefits

In the context of Oklahoma Workers Compensation, after a hearing, the most comprehensive modification that can occur is a decrease, increase, or denial of benefits. This reflects the judicial system's capacity to reassess evidence and circumstances surrounding the case. The decision made at a hearing can be based on a variety of factors, including new evidence presented or changes in the medical condition of the injured worker. As a result, it's entirely possible for an administrative law judge or the Workers' Compensation Court to adjust the benefits awarded based on these elements. This can include increasing benefits if new information suggests that ongoing treatment is necessary or if the severity of the impairment is greater than previously assessed. Conversely, benefits may be decreased or even denied if the evidence shows that the worker is no longer eligible for benefits or if the injury is found to be less severe than initially claimed. This flexibility in modifying benefits is essential for ensuring that the workers' compensation system remains fair and responsive to changes in the circumstances of both the injured worker and the employer's obligations. It provides a structured way to handle the complexities that arise in cases involving work-related injuries and illnesses.

7. Why might a claims adjuster deny a Workers' Compensation claim?

- A. Due to the employee's lack of job security
- B. If the investigation shows insufficient evidence of work-related injury**
- C. If the treatment plan is too expensive
- D. If the employer disagrees with the claim

A claims adjuster might deny a Workers' Compensation claim if the investigation reveals insufficient evidence of a work-related injury. This is crucial because Workers' Compensation is designed to cover injuries that occur as a direct result of employment activities. If there is not enough evidence to establish that the injury happened while performing job-related duties, or if the circumstances surrounding the injury are unclear, the claim may be denied. The claims process heavily relies on concrete documentation and testimony that supports the connection between the job and the injury. Without this evidence, it is difficult for the adjuster to justify approval of the claim, which can lead to a denial. In many cases, insufficient evidence may stem from a lack of medical records, witness statements, or even inconsistencies in the employee's account of how the injury occurred. This principle helps ensure that only legitimate work-related injuries receive benefits, maintaining the integrity of the system. The other options offered do not align with the core reasons for denial under Workers' Compensation policies, as they do not establish a direct connection to the validity of the injury or the claim itself.

8. What requirement do employers have regarding notification to employees about benefits?

- A. Employers must notify employees verbally
- B. Employers must notify employees within 10 days
- C. Employers must notify employees through an email
- D. Employers must provide written notification**

Employers are required to provide written notification to employees about benefits related to workers' compensation. This written notification ensures that employees have a clear, documented reference regarding their rights and benefits under the workers' compensation system. Written communication minimizes misunderstandings that could arise from verbal notifications and ensures that all employees are informed equally and comprehensively about important information such as how to report an injury, the benefits they are entitled to, and the procedures they need to follow. Written notifications also serve as a formal record that can be referenced later, which is essential in the case of disputes or claims. By providing this information in writing, employers fulfill their legal obligation to inform employees of their rights and responsibilities in a manner that is transparent and accessible.

9. What must an employee do immediately after sustaining a work-related injury?

- A. Seek a lawyer before anything else
- B. Report the injury to their employer promptly**
- C. File a lawsuit against the employer
- D. Leave work until fully recovered

An employee must report the injury to their employer promptly after sustaining a work-related injury because timely reporting is a critical step in the workers' compensation process. This action ensures that the employer is aware of the injury and can initiate the necessary protocols to address it, including arranging for medical treatment, documenting the incident, and filing a workers' compensation claim if applicable. Prompt reporting helps protect the employee's rights to workers' compensation benefits, as delays can complicate the claim process or even result in denial of benefits. Seeking a lawyer or filing a lawsuit against the employer is not the first step and may not be necessary unless there are disputes regarding the claim or if negligence on the employer's part is being considered. Leaving work until fully recovered might not be practical or necessary; the employee's first responsibility is to inform the employer to ensure appropriate care and documentation.

10. What is the process for contesting a Workers' Compensation claim denial in Oklahoma?

- A. Files a workplace incident report
- B. Requests a hearing before the Workers' Compensation Commission**
- C. Submits a letter of disagreement to the employer
- D. Waits for the next available claim review

The process for contesting a Workers' Compensation claim denial in Oklahoma involves requesting a hearing before the Workers' Compensation Commission. This is the formal step taken when a claimant believes that their claim has been wrongly denied and seeks to challenge that decision within the appropriate legal framework. When a claim is denied, the claimant typically must adhere to Oklahoma's statutory procedures to ensure their rights are protected. By requesting a hearing, the claimant can present evidence, testimony, and arguments to an administrative law judge, who has the authority to review the case and make a determination regarding the validity of the claim. This process is critical as it provides legal recourse and an official platform to resolve disputed matters, facilitating a fair hearing of the evidence and facts surrounding the claim. In contrast, other options do not effectively address the need for a formal challenge to a denial. Filing a workplace incident report is more about documenting the injury and may not directly influence the denial of a claim that has already occurred. Submitting a letter of disagreement to the employer may keep the employer informed but does not initiate the required legal proceedings for contesting the denial. Waiting for the next available claim review lacks proactive engagement with the process and could leave the claimant without recourse if they do not take timely actions to

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://oklahomawc.examzify.com>

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

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