When Your Employer Says Your Injury Never Happened at Work

Fighting Back Against a Controverted Workers' Comp Claim in New York

Nobody expects to get hurt on the job and then have to prove it happened at all. You filed your claim, you told the truth about how the accident occurred, and you assumed the process would move forward so you could focus on healing. Instead, a letter arrives telling you the insurance company is disputing your claim entirely, and suddenly you're not just recovering from an injury. You're fighting to be believed.

Our New York workers' compensation lawyers at Pasternack Tilker Ziegler Walsh Stanton & Romano LLP see this happen to hardworking people across the state every week. A controverted claim doesn't mean your case is over or that you did something wrong. It means the insurance carrier has decided, for reasons that are often more financial than factual, to make you fight for benefits you're entitled to under New York law.

What Does It Mean When a Workers' Comp Claim Is Controverted?

When an insurance carrier or employer disagrees with some or all of a workers' compensation claim, they file what's called a Notice of Controversy, commonly known as a C-7 form, with the New York State Workers' Compensation Board. This filing tells the Board that the carrier isn't paying benefits voluntarily and wants a Workers' Compensation Law Judge to decide the outcome. The carrier must file the C-7 within a specific window after you report the injury to your employer and the disability begins, and it has to state the actual reasons for the dispute rather than just checking a box.

That last part matters more than most injured workers realize. Under New York's workers' compensation statute, a carrier that fails to properly explain its objections, or that misses the filing deadline entirely, can lose the right to raise certain defenses later. Insurance companies know this, which is why they often controvert broadly first and narrow their arguments as the case moves forward. It's a strategy built around delay, and delay is something an injured worker with mounting bills usually cannot afford.

Why Would an Insurance Company Dispute Your Claim?

Insurance carriers rarely explain their reasoning in plain language, but the objections tend to fall into a handful of recurring categories. Recognizing which one applies to your situation helps you and your attorney build the right response from the start.

- **Disputed Causation Or Course Of Employment:** The carrier argues your injury didn't happen while you were performing your job duties, or that it resulted from an activity outside the scope of your employment.
- **Late Notice Or Late Filing:** The carrier claims you didn't report the injury to your employer quickly enough or didn't file your claim within the legal time limit.
- **Pre-Existing Condition Allegations:** The carrier asserts your pain or disability comes from a prior injury or degenerative condition rather than the workplace incident.

- **No Witnesses Or Conflicting Accounts:** The carrier points to a lack of eyewitnesses or inconsistencies between your account and your employer's incident report.
- **Independent Medical Examination Disagreement:** A doctor hired by the insurance company reaches a different conclusion than your own treating physician about the extent or cause of your injury.

None of these objections mean your claim lacks merit. They mean the carrier is leaning on tactics adjusters use to delay or reduce what it eventually has to pay, which is exactly why having someone in your corner who understands how these disputes actually get resolved makes such a difference.

How Does a Controverted Claim Move Through the System?

Once a claim is controverted, the Workers' Compensation Board schedules a hearing before a Workers' Compensation Law Judge. Both sides present evidence, which typically includes medical records, witness statements, wage documentation, and testimony from the injured worker. The judge then decides whether the claim should be established, denied, or established with specific restrictions.

This isn't a courtroom trial in the traditional sense, but it's still an adversarial proceeding where the insurance company will have its own attorney working to poke holes in your case. You're allowed to represent yourself at these hearings, but doing so means walking into a room where the other side has already prepared a strategy specifically designed to defeat your claim.

- **Medical Evidence From A Treating Physician:** Consistent, detailed records from a doctor who has actually examined and treated you carry significant weight with the judge.
- **A Clear And Consistent Injury Timeline:** Documentation showing when the injury occurred, when it was reported, and when treatment began helps counter late notice arguments.
- **Corroborating Witness Statements:** Coworkers or supervisors who saw the accident or its immediate aftermath can directly rebut a carrier's claim that no one witnessed the incident.
- **Employment And Wage Records:** Pay stubs, schedules, and job descriptions establish that you were acting within the course of your employment when the injury happened.

Suppose a delivery driver twists her knee stepping down from a truck after a full shift of loading packages. The employer's insurance carrier controverts the claim, arguing the injury happened at home over the weekend rather than on a Friday route.

The injured worker's attorney gathers time-stamped delivery logs, a text message she sent her supervisor within an hour of the incident, and a statement from a coworker who saw her limping back to the truck. At the hearing, the judge finds the timeline credible and establishes the claim, clearing the way for medical treatment and lost wage benefits to begin.

What Should You Do if Your Claim Gets Controverted?

The steps you take in the days after receiving a C-7 notice can shape how the rest of your case unfolds. Acting quickly and deliberately puts you in a far stronger position than waiting to see what happens next.

- **Request A Copy Of The C-7 Form:** You're entitled to know the specific reasons your claim is being disputed, and that information tells you exactly what needs to be countered.
- **Keep Attending All Medical Appointments:** Gaps in treatment give the carrier more ammunition to argue your injury isn't as serious as you claim, even while the dispute is pending.
- **Document Everything In Writing:** Save texts, emails, and incident reports related to the injury, since these often become the evidence that resolves credibility disputes.
- **Don't Sign Anything From The Insurance Company Without Review:** Recorded statements and broad medical authorizations can be used to undercut your own claim later in the process.
- **Contact An Attorney Before Your Hearing Date:** The earlier a lawyer gets involved, the more time there is to gather evidence and prepare testimony before you're in front of a judge.
- **Make Sure Your Original Claim Was Filed Correctly:** Errors or gaps in how you initially filed your workers' compensation claim can give a carrier extra ammunition to controvert it.

You can also request assistance through the Workers' Compensation Board's claims process, though it's worth remembering that Board staff can explain procedure but can't advocate on your behalf the way an attorney representing your interests can.

How Long Does a Controverted Case Typically Take?

There's no single answer, since the timeline depends on how aggressively the carrier is fighting the claim and how quickly evidence can be gathered. Straightforward disputes over notice timing might resolve in one or two hearings. Cases involving competing medical opinions or serious causation disputes can stretch on for months, with additional hearings scheduled as new evidence comes in. That uncertainty is part of why insurance companies use controversion as a tactic in the first place. They're betting that financial pressure will push some injured workers into accepting less than their claim is worth, or giving up altogether.

That's not a bet you have to accept. New York law gives injured workers the right to challenge a carrier's objections, present their own evidence, and have a neutral judge decide the outcome based on facts rather than an insurance company's convenience. Filing your claim correctly from the start also reduces the number of technical arguments a carrier can raise later, which is one more reason early legal guidance matters.

You Don't Have to Prove Your Case to the Insurance Company Alone

A controverted claim can feel like the system is working against you, especially when you're already dealing with pain, missed paychecks, and mounting frustration. The transition from

filing a claim to fighting one is jarring, and it's easy to feel outmatched when the party disputing your injury has attorneys and adjusters working full time on the other side. You don't have to match that resistance by yourself, and trying to do so often costs injured workers benefits they were legally owed from the beginning.

Our attorneys have spent decades helping injured workers respond to controverted claims, denied benefits, and every tactic insurance carriers use to delay a fair outcome. We know how workers' compensation law judges evaluate contested evidence, and we know how to counter the specific objections carriers raise most often, whether that means gathering stronger medical documentation or appealing a denied claim that never should have been controverted in the first place. Payment for our services comes only as a percentage of what we recover, set by the Workers' Compensation Law Judge under New York law, so you never pay out of pocket to get started.

If your workers' compensation claim has been denied or controverted, you don't have to figure out the next step alone. Understanding how a workers' comp lawyer can help with a contested claim, and preparing for your first consultation, puts you in a much stronger position from day one. Contact us today for a free consultation, and let our team start building the response your case deserves.