

Attending Provider's Return to Work Desk Reference

*"Employment is nature's physician
and is essential to human happiness"*

Galen (Greek physician – AD 172)



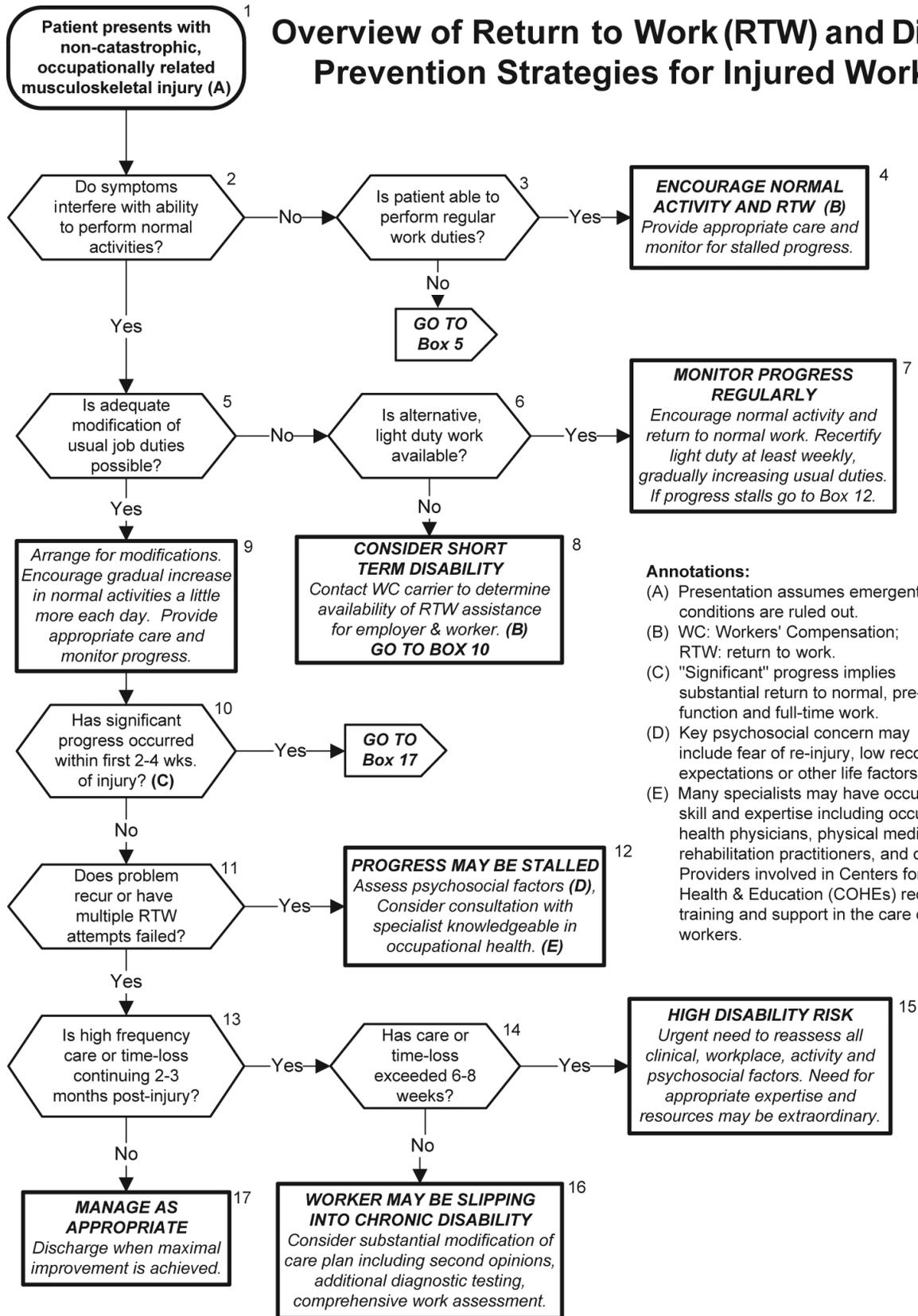
The Department of Labor & Industries (L&I) is accredited by the Washington State Medical Association CME Accreditation Committee to sponsor continuing medical education activities for physicians. L&I designates this activity for a maximum of 3 hours in Category 1 credits to satisfy the educational relicensure requirements of the Washington State Medical Quality Assurance Commission. L&I designates this enduring material for a maximum of 3 AMA PRA Category 1 Credits. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Approval Date: July 2, 2012
Expiration Date: July 2, 2015

CME credit will be given following successful completion of an online test covering the material in this publication. Go to www.CMECredits.Lni.wa.gov.

This activity was planned and prepared in accordance with the WSMA Essential Elements of Accreditation of Continuing Medical Education. Disclosure: None of the faculty involved with developing this booklet has any financial relationship to disclose nor do they financially benefit from this product.

Overview of Return to Work (RTW) and Disability Prevention Strategies for Injured Workers



- Annotations:**
- (A) Presentation assumes emergent conditions are ruled out.
 - (B) WC: Workers' Compensation; RTW: return to work.
 - (C) "Significant" progress implies substantial return to normal, pre-injury function and full-time work.
 - (D) Key psychosocial concern may include fear of re-injury, low recovery expectations or other life factors.
 - (E) Many specialists may have occupational health skill and expertise including occupational health physicians, physical medicine and rehabilitation practitioners, and others. Providers involved in Centers for Occupational Health & Education (COHEs) receive additional training and support in the care of injured workers.

What Can I do in 5 Minutes or Less?

To Help get my Patient Back to Work

Tell your patient about the Job Accommodation Network...

Encourage your patient to explore job modifications. Suggest they call **1-800-526-7234** for FREE expert advice from the Job Accommodation Network, a federally funded program based at the University of West Virginia. Let them know about other resources listed on page 33.

Give them the brochure...

Give your patient a copy of the brochure, *“Getting Back to Work: It’s Your Job and Your Future.”* Show them the phone numbers they can call and encourage them to make the phone call within 24-48 hours to get the ball rolling. Ordering information can be found on page 33.

Ask the employer for a return to work plan...

If a worker needs to transition back into the workplace, review the worker’s physical capabilities with the worker and the employer. Ask them to come up with written ideas to work within capacities and restrictions.

Ask for a Vocational Rehabilitation Consultant...

A claim manager or regional field service staff can assist in identifying a vocational provider to work directly with you, your patient, and the employer to develop job modifications and return to work programs.

Talk with the employer...

If a patient needs to be off work, communicate right away with the employer about the expected duration and find out about their willingness and ability to make modifications if necessary.

Ask your patient to have their employer call you...

This will accomplish two things: it will help your patient stay in communication with the employer (very important!) and will help you to connect with the employer to discuss light duty options, physical restrictions and job modifications.

Talk with your patient about their goals...

Find out what their expectations and goals are for recovery and make assure they understand the importance of return to work as an outcome of care. Make a “Verbal Care Contract” to delineate patient’s goals, responsibilities and your expectations for him/her.

Talk to the employer about low tech-low cost job modifications...

Most job modifications require very little cost. Simple process changes or using existing equipment usually works. The average cost of job modifications is under \$500. Employers may even qualify for assistance from L&I for up to \$5,000, if needed.

Ask your patients to think about their career goals...

If workers cannot return to their previous job, ask them to describe their career goals, what skills or training they may have in other areas, and what kinds of jobs they think they would be good at.

Ask your patient what would make it easier to do their job...

Ergonomic changes need not be major capital investments. Many common sense, low-tech solutions such as rearranging the work space, refining processes, or scheduling work load and breaks can go a long way to facilitating return to work and preventing future flare-ups.

Help your patient set realistic expectations...

Give them a copy of the brochure *“Workers’ Guide to Industrial Insurance Benefits.”* Let them know that being off work costs them money and the longer they are off, the harder it gets to go back. Ordering information can be found on page 33.



A Message from the Office of the Medical Director

We appreciate all your hard work providing care for workers who have been injured on the job or developed an occupational condition. We share your desire to achieve the best possible outcome for your patients. Research has shown that there is a link between return to work and a more successful recovery. But we need your help in getting people back to work. This desk reference was developed as a resource to do just that.

Research has shown us that returning to normal activities, including work, as quickly as possible is critical both for a patient's recovery and their economic well being. Getting back to work is good for your patient. The important role you play in this process is a challenging one. We want the best providers taking care of workers, but we realize that the administrative requirements in workers' compensation can be a hassle. We're continuing to work hard to make system-wide improvements.

Providers have the most insight into what impediments exist in a patient's recovery and in returning to work. We need your help and expertise in fostering that crucial partnership between you, the worker, and his or her employer. The information you communicate to the patient, employer, and claim manager sets the stage for the entire workers' compensation process. It is essential that everyone stay focused on the worker's clinical and economic recovery.

We also need you to help us maintain the integrity of the workers' compensation system. Although the vast majority of claims made are perfectly valid, a very small number of cases each year are not. Help us stop these abuses. Insurance fraud costs everyone. Running your own practice is running a small business and you understand the impact insurance fraud can have to an employer's bottom line.

Thank you for all the hard work and service you provide. We look forward to partnering with you, the employers, and workers of our state to make improvements that get the best recovery for workers who have an occupational condition.

Contents

Part I. Best Practices

Chapter 1. Why Return to Work (RTW) is in Your Patient’s Best Interest.....	1
Chapter 2. What is Effective in RTW.....	5

Part II. Roles

Chapter 3. Working with Employers	11
Chapter 4. Filling out the Activity Prescription Form	17
Chapter 5. Working with L&I	25

Part III. Resources

Chapter 6. Troubleshooting Common Return to Work Problems	29
Chapter 7. Resources Available to Help Attending Providers.....	33
Chapter 8. Getting Paid for RTW Focused Services	37

Appendix

■ RTW Resources	40
■ Sample Forms & Checklists	41
■ Sample Phone Calls and Letters.....	43
■ Points to Consider Regarding Lifting and Other Work Activities.....	49
■ Ergonomic Principles.....	50

Why Return to Work (RTW) is in Your Patient's Best Interest

Being a Patient Advocate

As a treating provider in workers' compensation, your primary duty is to your patient and their successful recovery. Not only do you give them the best possible clinical care, you want them to have the best possible overall recovery from their occupational illness or injury.

Work accounts for about 25% of a person's life. Studies have shown that the relative risk of mortality due to unemployment for women is twice that of employed women and is 1.5 time higher for unemployed men. (Nylén 2001) A person's job satisfaction even has a higher correlation with their longevity than does their smoking status. (Palmore 1971) Getting an injured worker back to work truly is more than a "workers' comp hassle," it's a critical clinical outcome. Tim Gilmore MD, an occupational health physician in Seattle, encourages providers to consider "being at work" as one of a patient's vital signs.

Many workers' compensation benefits are a result of legislated compromises between employer and labor interests. Therefore, by law, many benefits are structured as a minimal safety net, rather than as a guarantee to assure the worker's career goals, to preserve their income, to keep their career on track, or preserve income and retirement.

Legal requirements may constrain how benefits can be adjudicated. In Washington State, the workers' compensation system that is regulated and administered by the Department of Labor & Industries (L&I) specifically

focuses on outcomes of maximal medical improvement and employability. For example, due to legal requirements, eligible workers who participate in the retraining benefit may have their time loss benefits stopped once they are found employable, regardless of earning potential. Therefore, for someone injured at a high-paying job, a retraining benefit may not lead to a desirable or optimal result.

Providers who treat injured workers are often the most crucial link in the chain because they:

- Are the "first responders" in terms of patient contact during the period when occupational health interventions have been shown to be the most effective.
- Are respected opinion leaders in the eyes of patients and can help assure appropriate expectations and involvement of the patient in their own recovery.
- Are usually the first to become aware of recovery barriers and impediments in return to work.
- Set the stage for teamwork with the worker, employer, and the system.

A successful outcome for an injured worker involves more than pathophysiology. Prolonged disability impacts your patient's career, their economic well-being, their life. Overemphasis on a perceived short-term benefit (like staying off work a few extra weeks) may have unintended, long term consequences and delay needed intervention, promote deconditioning, and increase the risk of the worker's original job being lost.

Being off Work Costs Your Patient More than Money

Although time loss payments can offset lost wages while someone is off work, they do not replace them entirely. A single mom who earns \$2500 per month will receive about \$1500 in time loss payments, nearly a \$1000 loss in income. That's a \$12,000 loss after a year. Consider a worse-case scenario where a worker is on time loss for 10 months, then, due to transferable skills, was found employable at a minimum wage job. Two years following the injury, the net loss to that worker could be more than \$22,300 compared to returning to their original job and salary.

When added to other longer-term impacts (potential loss of employer benefits such as general health insurance and retirement plan contributions) of prolonged time-loss, the economic cost to a worker can be staggering. The impact on a worker's family, sense of self, and mental state can be significant as well. Brochures for workers explaining the importance of returning to work are available free of charge from the L&I warehouse. (Publication # F200-001-000) Ordering information on page 33.

Early, appropriate, sustainable return to work is in everyone's best interest and requires teamwork. It is important to set expectations early in treatment that top priorities are both maximal physical recovery from the illness or injury and returning to work.

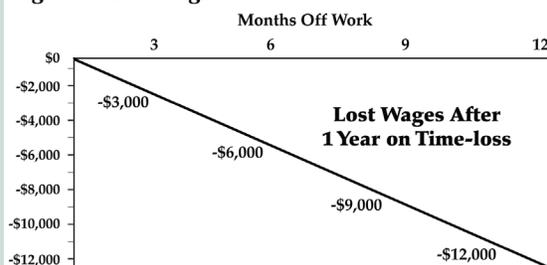
Chapter 1

Early and Safe Return to Work Makes Sense

Although some injuries and conditions may preclude such outcomes, the vast majority of people with work related conditions do recover and return to work. Studies have shown that workers whose care includes attention to occupational issues have faster recoveries and more sustainable returns to work. (Loisel, 2002, Wickizer 2011) Being off work costs your patient money, and the longer they are off work, the harder it is to ever get back.

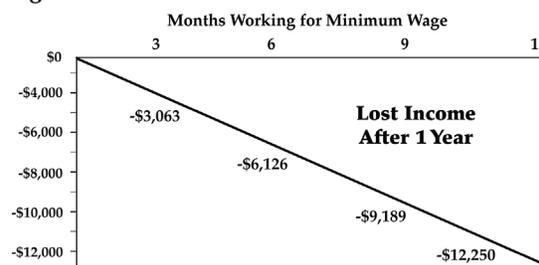
- Even a short time off work takes money out of a worker's pocket because time-loss benefits do not pay the full wage. (See Figure 1.)
- Studies show that the longer a worker is off work, the harder it is to get back to their original job and wages. (See Figure 2.)

Figure 1: Lost Wages



If you are a single person making \$2,500 a month, you would receive about \$1,500 a month in time-loss benefits.

Figure 2: Lower Income



If you did not return to the same employer, and had to take a minimum wage job, your lost income after one year would be \$12,250.*

*Calculated on 2009 minimum wage of \$8.55 per hour.

Disability from Work Related Conditions is a Public Health Catastrophe

Nearly 85% of the 4.5 million annually reported occupational injuries in the United States require medical attention beyond first aid with half of those involving time-loss. (USDOL, BLS, 2008) In Washington State 30% of occupational injuries and illnesses involve time-loss. (Grob, 2000) Perhaps the most stunning economic fact is that less than 10% of workers' compensation cases account for more than 80% of total expenditures (Hashimi, 1997; Turner, 2008). There is almost a three-fold difference between mean and median costs in work-related back claims reinforcing that only a very small proportion of claims drive costs. (Webster, 1994) What may be most surprising is that more than 90% of these high cost claims are non-catastrophic musculoskeletal conditions.

At times it is essential that injured or ill workers be removed from a workplace that will worsen their condition. However, the dynamics initiated by removing an injured or ill worker are generally detrimental and become increasingly harmful to the worker over time. By this I mean that the employer, the workers' compensation system, and often the worker's own social network become increasingly impatient, skeptical and aggressive towards the worker as time-loss increases. Except in clear-cut cases such as amputation, fracture or ongoing hospitalization, the worker's credibility is repeatedly and increasingly challenged and his or her self-worth begins to deteriorate in the face of this. This often leads to a psychological entrenchment that reinforces illness and discourages the natural healing process. This leads to greater skepticism from the system. This negative spiral is not right but it's real, and it is our obligation as caring clinicians to avoid or curtail this spiral when we can and shield the worker as much as possible when we must. Getting the worker back to work, as long as the return does not worsen the worker's status is one of the best ways to avoid this vicious circle.

Matthew C. Keifer MD MPH

Associate Professor of Environmental and Occupational Health Sciences and Medicine, University of Washington

Money is hardly the issue either. In the small number of problem cases that undergo invasive procedures, outcomes may be poor. A recent review of L&I data documented that 68% of workers with occupational low back conditions undergoing lumbar fusion surgery remained off work two years after surgery. (Maghout, 2006) The human cost of work-related disability is incalculable. Loss of one's ability to earn a productive living, inability to function without pain, devastation to personal life might be expected from a catastrophic head or spinal cord injury, but not from a simple musculoskeletal sprain and strain. (Mootz, 2011)

What Can Be Done?

Although there are plenty of opinions about causes of disability and problems with how workers' compensation systems are structured, only a few things appear to be able to reduce work-related disability in practice. Many of these are discussed in the next chapter. Among the most crucial are:

- timely, competent care,
- minimizing physical deconditioning of the worker,
- reducing adversity, and
- returning to normal activities as quickly as possible.

Providers are in a key position to influence:

- Patient expectations (e.g., for recovery, importance of incrementally returning to normal activities –including work- as quickly as possible)
- Communication/coordination with employer
- Documentation of key occupational health issues that set the stage for how the claim progresses (work-relatedness, exposure, availability of modified duty)
- Identification of impediments to return to work
- Helping the worker and employer find transitional opportunities for getting back to work
- Getting assistance from L&I in return to work

References

US Department of Labor, Bureau of Labor Statistics. Occupational Injuries and Illnesses Requiring Days Away From Work, 2006. Washington, DC: US Government Printing Office, 2007.

Grob H. What does occupational low back pain really cost? Proc. Occupational Low Back Pain- The Search for Effective Care. Department of Labor & Industries, Seattle, WA, November 2000.

Hashemi L, Webster BS, Clancy EA, Volinn E. Length of disability and cost of workers' compensation claims. J Occup Environ Med 1997; 39:937-945.

Loisel P, Lemaire J, Poitras S, Durand MJ, Champagne F, Stock S, Diallo B, Tremblay C. Cost-benefit and cost-effectiveness analysis of a disability prevention model for back pain management: a six year follow up study. Occup Environ Med. 2002;59(12):807-15.

Martin BI, Turner JA, Mirza SK, Lee MJ, Comstock BA, Deyo RA. Trends in health care expenditures, utilization, and health status among US adults with spine problems, 1997-2006. Spine 2009 Sep 1;34(19):2077-84.

Maghout JS, Franklin GM, Mirza SK, Wickizer TM, Fulton-Kehoe D. Lumbar fusion outcomes in Washington State workers' compensation. Spine. 2006 Nov 1;31(23):2715-23.

Mootz RD. Care for work-related musculoskeletal disorders: Implications for Public Health. In Hanline MT, Meeker WC (eds): Public Health for Chiropractors. Sudbury MA: Jones & Bartlett Publishers, 2011.

Nylén L, Vossa M, Floderusa B. Mortality among women and men relative to unemployment, part time work, overtime work, and extra work: a study based on data from the Swedish twin registry. Occup Environ Med 2001;58:52-57.

Palmore E. Longevity predictors. Implications for practice. Postgrad Med. 1971 Jul;50(1):160-4.

Turner JA, Franklin G, Fukton-Kehoe D, Sheppard L, Stover B, Wu R, Gluck JV, Wickizer TM. Early Predictors of Chronic Work Disability: A Prospective, Population-Based Study of Workers with Back Injuries. Spine 2008; 33(25):2809-2818.

Webster BS, Snook SH. The cost of 1989 workers compensation low back claims. Spine 1994; 19(10):1111-1116.

Wickizer TM, Franklin G, Fulton-Kehoe D, Gluck J, Mootz R, Smith-Weller T, Plaeger-Brockway R. Improving health care quality and reducing costs in workers' compensation healthcare: A population-based intervention study. Med Care 2011; 49(12):1105-1111.

What is Effective in RTW

Caring for workers' compensation patients is somewhat different than taking care of patients within general health settings. Because of the legal requirements in the system, as well as the many work place issues, "best-practices" may vary somewhat. For example, a low back sprain and strain may often be handled in general practice as a non-urgent condition with watchful waiting, delayed diagnostics, taking a week or two off, and little or no attention to working with a patient's employer. Several research studies, however,

have demonstrated that using occupational health care best practices, such as setting expectations about return to work, and communicating with the employer can dramatically reduce disability and workers' economic hardship. (Loisel, 1997; Cheadle, 1999; Kyes 1999) The table below outlines several differences between general and occupational health models.

Distinctions between Workers' Compensation and Other Health Care Plans

	General Health Model	Occupational Health Model	Best Practices
Initial Appointment:	<ul style="list-style-type: none"> ▪ Within days of incident 	<ul style="list-style-type: none"> ▪ Same day as incident 	<ul style="list-style-type: none"> ▪ High priority scheduling for work-related injuries or illnesses ▪ Complete report of accident ▪ Set goals and expectations for clinical improvement and RTW ▪ Determine worker abilities
Diagnostic Testing:	<ul style="list-style-type: none"> ▪ "Watchful waiting" to observe treatment response is common 	<ul style="list-style-type: none"> ▪ Earlier testing may be important for rule-out of pathology and causation determination 	<ul style="list-style-type: none"> ▪ Seek clinical consultations and second opinions when needed
Direct Provider Communication with Employer:	<ul style="list-style-type: none"> ▪ None or minimal 	<ul style="list-style-type: none"> ▪ Clear, consistent communication is routine 	<ul style="list-style-type: none"> ▪ Call employer if worker is unable to return to their job of injury ▪ Discuss light duty or modified duty work options ▪ Share worker abilities
Return to Work Focus:	<ul style="list-style-type: none"> ▪ Minimal concern 	<ul style="list-style-type: none"> ▪ Central to management decisions ▪ Ergonomic and job modification considerations may be central to care plan ▪ Key outcome of care 	<ul style="list-style-type: none"> ▪ Monitor clinical and RTW goals and expectations ▪ Identify impediments to RTW ▪ Assist worker in completing the Occupational Disease and Employment History form (F242-071-000, F242-071-999) if the condition is a work-related disease
Care Emphasis:	<ul style="list-style-type: none"> ▪ Treatment dependence less of a concern ▪ Control of re-exposure may be less problematic 	<ul style="list-style-type: none"> ▪ Avoidance of prolonged palliative measures may be important for preventing treatment dependence ▪ Re-exposure and re-aggravation control may be central to management decisions ▪ Response to care is closely monitored ▪ Care decisions strongly driven by chronic disability risk considerations 	<ul style="list-style-type: none"> ▪ Schedule frequent follow-up visits to address clinical and work status changes ▪ Seek RTW assistance from L&I when needed

Chapter 2

Initial Best Practices:

High priority scheduling for work-related injuries or illnesses

Injured workers need to receive care in an expeditious manner. Due to the non-clinical complications that may arise in a workers' compensation case (e.g., employment and accommodations issues, processing time-loss payments, establishing work-relatedness), it is important to schedule an injured worker and submit the report of accident as soon as possible. This may mean reorganizing the clinic or office policies to triage patients with work related injuries or illnesses. Patients with work-related injuries need to receive more than clinical expertise.

Complete the report of accident (report of injury) right away

By completing and faxing the report of accident to Labor & Industries or the self-insured employer, you are beginning the workers' compensation process. This is the document that begins the adjudication process and begins determination of your patient's eligibility for benefits. The sooner a determination is made, the sooner your patient will be able to receive medical or wage replacement benefits to which they are entitled. Ideally, this should be done within a day or so of your initial visit and is required by law to be submitted within 5 days. Our experience with implementing occupational health best practices has shown that timely and accurate submission of the report of accident is associated with fewer delays, less disability, and better outcomes for workers. (Wickizer, 2011)

Complete an activity prescription form if your patient has work restrictions

An activity prescription form (APF) should be completed for all new workers' compensation patients that are expected to be off work for 4 or more days or have work restrictions. This form provides comprehensive information about return to work issues that are critical to assuring appropriate return to work planning by the employer and timely wage replacement for workers. Chapter 4 provides much more information about this form and contains resources to assist you in its accurate completion.

Contact your patient's employer early

Injured workers who stay connected with their workplace have the best outcomes (Butler 2007). If you think your patient may miss any work due to their injury or requires any modification to their usual work, call the employer right away and find out if accommodations can be made

to the worker's duties or schedule to keep them on-the-job. As co-owners of the workers' compensation system with labor, employers have the legal right to access information about their workers who are injured. Although employers should only access specific medical documentation in a claim through a claim manager, communication with employers about the worker's capabilities is not only legal and allowed under the federal Health Insurance Privacy and Accountability Act (HIPAA), it is encouraged as an occupational health best practice.

Set goals and expectations for clinical improvement and return to work

Ask your patient about their return to work goals on the first visit. Your patient may have little or no knowledge of or experience in the workers' compensation system. What they know may come from family or colleagues who have experienced an injury, or who knows someone with past experience. What they expect will affect their recovery. During this initial discussion, you will be able to identify and head off any misconceptions about what the workers' compensation system will support.

Schedule regular follow-up visits to address clinical and work status changes

Follow-up visits should occur at least every two weeks if an injured worker is unable to return to their job of injury or if they have a transitional return to work plan. By seeing the patient frequently, you will have better knowledge about their current status and will be able to tailor your treatment plan and RTW goals to meet their current abilities. During these visits, you can reemphasize the RTW goals that were set during the first visit as well as reassess their abilities and restrictions.

Initial visit discussion

A discussion of several key topics at the initial visit about the patient's roles and responsibilities in their recovery is considered a "best-practice" by occupational health experts. The list below highlights several things to address. A checklist in the appendix provides an example of key talking points to consider in an initial patient visit.

- **Activity level** – Discuss the importance of staying active, avoiding deconditioning, and getting back to work as soon as he or she is able. Research on many musculoskeletal injuries indicates that incrementally increasing activity on a daily basis speeds recovery and helps reduce the risk of disability.
- **Capabilities and limitations** – Be sure the patient understands the activities they can do, how to function within their tolerance, and what limitations should be both at home and at work.

- **Hurt vs. Harm** – In most musculoskeletal injuries, healing involves some pain and discomfort. Be sure the patient understands that while activity can hurt, pain does not necessarily mean that they are re-injuring the area. Work with them to understand their physical capacities and limitations and to work within those. Focus on what they can do, not on what they cannot do.
- **Prevent re-injury** – Discuss strategies to modify activities and/or workplaces to minimize discomfort and reduce risk of re-injury. Avoiding activities for fear of re-injury may be one of the earliest indicators of an acute problem becoming a chronic, disabling one. Be sure your patient focuses on what they can do and strives to increase it a little each day.
- **Patient's role and responsibilities** – From keeping their appointments to attending to self care recommendations and maintaining appropriate activity levels, ensure that the patient understands their recovery requires active participation on their part.
- **The workers' compensation system itself** – Claims processes and benefits under workers' compensation are different than general health care. It is a good idea to identify any misunderstandings or misconceptions a patient might have and ensure they understand the importance of their role and the teamwork needed to prevent problems.

One way to help your patient understand the workers' compensation system and their responsibilities in return to work is to hand out two brochures: *"Getting Back to Work, It's Your Job and Your Future"* (F200-001-000/F200-001-999) and *"Worker's Guide to Industrial Insurance Benefits"* (F242-104-000). Each of these documents was created to help injured workers understand what will happen during their recovery process. These brochures are available from the Labor & Industries warehouse. Visit the Labor & Industries website to order these forms www.Lni.wa.gov/FormPub/ or refer to the *Attending Doctor's Handbook* for a listing of publications and an order form. You may request publications in writing (be sure to include the form number) from:

Department of Labor & Industries
Warehouse
P.O. Box 44843
Olympia, WA 98504-4843

Important Workers' Compensation Tasks during Patient Visits

Initial Work-up

- Assess if workplace exposure caused your patient's condition.
- Determine your patient's work status right away and restrictions.
- Communicate with employer right away if you anticipate time loss or require work modifications, as well as explore specific RTW options.
- Assure your patient understands the importance of getting back to work as part of their recovery plan, and their role in the process.
- Submit the report of accident quickly (ideally within 2 days; within 5 days at the latest).
- Complete an activity prescription form if the worker will be off work 4 or more days or has work restrictions.

Following Up

- Re-assess your patient's work status at least every two weeks.
- Develop and communicate return to work goals with your patient and their employer.
- If a worker is approaching 4 weeks of time loss, assess and document any impediments to return to work and communicate them to the claim manager.
- Consider requesting vocational assessment when someone is off work over 8 weeks without an imminent return to work.
- If you have any concerns about a worker or an employer not meeting their return to work commitments, ask the claim manager for assistance.



Chapter 2

Return to Work Priorities

The best overall outcomes for workers usually occur when they can return unrestricted to their previous job with the same employer. This preserves seniority, continuity with employer, benefits, and wages. However, the nature of a worker’s condition, the previous job itself, and other workplace factors may preclude an unrestricted return. RCW 51.32.095 lays out specific priorities for returning an injured worker to work:

Return to work with same employer usually offers the best outcome:

1. Job of injury
2. Job of injury with modifications, including transitional return to work (RTW)
3. A new job keeping with any limitations or restrictions
4. A new job with modifications, including transitional RTW

Other priorities may apply if the first four outcomes are not possible:

5. Previous job, with modification;
6. A new job, based on transferable skills;
7. A new job with work site modifications;
8. A new job involving on-the-job training;
9. Short-term retraining; and
10. Job placement.

You can share this list with your patient to help them understand the priorities of the system so that together you can determine what the RTW goal of your treatment will be. The goal that you select will, in part, be determined by your informed estimate of the probability your patient will be able to return, without restrictions, to the job of injury.

Much of this booklet is oriented toward determining return to work options that may exist with the employer. The following RTW “prognosis” scenarios may be helpful in conceptualizing your care planning:

Return to Work “Prognosis”: Probability of unrestricted return to job of injury (JOI)

Likelihood	Your determination	Actions
High	Patient is unlikely to have any lasting impacts on their ability to do their job	<p>Be sure to let your patient know this. Communicate the time frame you anticipate, but only authorize time off work for short periods that are reassessed at regular intervals. When you determine that your patient has no restrictions caused by the industrial injury or occupational disease:</p> <ul style="list-style-type: none"> - Document this in the patient’s chart and let the claim manager know right away. - Let your patient know that you have released him/her to return to their job and the date the release is effective. - Report this information to the employer.
Uncertain	Patient has work limitations that may impact their ability to perform their job, but you are uncertain about how long they will last	<ul style="list-style-type: none"> - Contact the employer to discuss RTW options. Obtain a copy of the job description for you to review and approve. - Discuss other RTW options that may include modified or alternative job duties and/or work schedule. Ask the employer to send you a written description of the modified job for you to review and approve. - Encourage the employer to send the worker a job offer letter. - Regularly follow-up with the patient and consistently assess, not only their clinical progress, but their ability to work. - Communicate changes in work status/restrictions right away to the employer and claim manager.
Low	Patient is not likely to be able to perform the duties of their job	<ul style="list-style-type: none"> - Discuss other RTW options that may include modified or alternative job duties and/or work schedule. Ask employer to send you a written description of the modified job for your review and approval. - If it appears that no RTW options are available with the employer, report this to the claim manager immediately. The claim manager may elect to ask a vocational counselor to work on the case.

More Best Practices

Once you and your patient agree to the clinical and RTW goals of treatment, you will need to monitor progress toward those goals. At each follow-up visit, you can review the goals and note progress or lack of progress. Once you determine the current status of the goals, you can develop a plan for the patient to follow to help him or her move forward between your visits.

Determine the worker's abilities

In 2001, a University of Washington research team conducted a survey with 300 employers in Washington State. (Wickizer, 2001) The substantial majority of respondents replied that the information from doctors needed to be timelier and include more detailed information regarding work capabilities, restrictions, and return to work options. Typical of comments included:

- We need explicit instructions on recovery, work limits, etc. We need to know what the worker is capable of doing.
- We need better definitions of light duty. The doctor should say what the employee can do instead of what he can't do; we need positive information.
- We need to know the amount of time the employee will be out and what accommodation he or she needs and for how long.
- We need an accurate assessment of the employee's physical capabilities upon return to work.
- We need diagnosis and treatment plan information.

Employers need timely, detailed information regarding work capabilities, restrictions, and return to work options.

These comments highlight the need for the doctor to focus on the worker's abilities when talking with the employer and the worker. A focus on returning to work at some capacity helps the worker to think about what they can do. An emphasis on your patient's abilities can be placed in context of staying active and avoiding deconditioning. The employer can also make a clearer determination about any possibilities for light duty or modified work when they have information on a worker's "do's" rather than just the "do not's."

Seek clinical consultations and second opinions when needed

Determining the correct diagnosis and treatment plan affects more than the clinical recovery of an injured worker. The clinical and return to work goals are closely

linked in workers' compensation and a delay in one can lead to a delay in the other. This is of particular importance because the injured worker is losing money for any day that they are unable to return to work. Therefore, seeking clinical assistance early in the claim is important if you are facing a situation where you have some difficulty in determining the best course of action.

Stay in regular contact with the employer if a worker is unable to return to their job of injury

As you can see in the "Determine the worker's abilities" above section, employers are interested in receiving information from providers about the status of injured workers who are temporarily unable to return to their job of injury. The provider can provide information that will help the injured worker to return to work in some status at their employer of injury, but that will only happen if the employer has the information they need to create or modify a position to fit within the worker's abilities. During the discussion, you should share the worker's abilities with their employer and discuss light duty or modified duty work options that you could approve for your patient. Making this contact may also provide you with additional information about the cause of the injury and the worker's regular job duties, which may be helpful in the treatment of your patient. For more information on this topic, please turn to Chapter 3.

Monitor clinical and RTW goals and expectations

While monitoring clinical goals is a normal part of practice, monitoring the return to work goals and expectations is a more distinct behavior. In occupational health, one of the outcomes of care is your patient's ability to return to work and support him or herself and his or her family. Be sure to monitor progress toward RTW during your regular follow-up visits with the injured worker. Address any possible barriers to their recovery, including compliance with incrementally increasing their daily activities, any signs of discouragement or depression, and any avoidance of activity for fear of re-injury.

Identify impediments to RTW

Data from Cheadle (1994) and others strongly suggests that disability prevention opportunities are substantially less likely to help the worker after 3 months of lost time from work following injury. As such, potential impediments to RTW should be evaluated early on. It is important to consider your patient's own recovery expectations and what concerns they have about returning to work. (Turner 2006) When your patient doesn't make expected progress toward their RTW goal, you need to complete a thorough review of the clinical, psychosocial, administrative, and employment-related impediments to RTW. After identifying the impediments, you can seek assistance from other providers (e.g., occupational

Chapter 2

health specialist consultation) or if a state fund claim, from L&I (e.g., request help from internal Early Return to Work program staff) to help address the problems.

Complete an occupational disease and employment history form (F242-071-000/F242-071-999) if the condition results from prolonged exposure over multiple employers

If your patient has a work-related condition that arises gradually and may be the result of a prolonged period of exposure (such as carpal tunnel syndrome), you and your patient need to complete an occupational disease and employment history form to facilitate the acceptance and adjudication of a claim. This documents your patient's work experience and helps you and the department make an informed decision about which past jobs contributed to the disease. You are not expected to know which job contributed most to the condition, but you are asked to determine if the jobs had any impact on the disease. The lack of this information can cause long delays in the adjudication of the claim and thus in reimbursement for your work and wage replacement for

your patient. If it is your opinion that only one employer contributed (i.e. the worker worked there for a number of years or a sudden change in duties caused the condition), then stating that in the initial documentation submitted for the claim would be sufficient and a work history form should not be necessary.

Complete an activity prescription form (F242-385-000)

If you determine that an injured worker needs to be off work, or has work restrictions, you should complete an activity prescription form and submit it along with your report of accident. Subsequent forms may be requested by the department or self-insured employer. See Chapter 4 for a complete overview of the form and information on how to appropriately determine your patient's work capabilities.

Seek RTW assistance from L&I when needed

Assistance is available to help you deal with RTW concerns. You will find a table with L&I contact numbers in Appendix A-1. You can also find advice on particular topics throughout this manual.

References

Butler RJ, Johnson WG, Côté P. It pays to be nice: employer-worker relationships and the management of back pain claims. *J Occup Environ Med.* 2007 Feb;49(2):214-25.

Cheadle A, Franklin G, Wolfhagen C, et al. Factors influencing the duration of work-related disability: A population-based study of Washington workers' compensation. *Am J Public Health* 1994;84(2):190-6.

Cheadle A, Wickizer TM, Franklin G, Cain K, Joesch J, Kyes K, Madden C, Murphy L, Plaeger-Brockway R, Weaver M. Evaluation of the Washington State Workers' Compensation Managed Care Pilot Project II: medical and disability costs. *Med Care.* 1999;37(10):982-93.

Kyes KB, Wickizer TM, Franklin G, Cain K, Cheadle A, Madden C, Murphy L, Plaeger-Brockway R, Weaver M. Evaluation of the Washington State Workers' Compensation Managed Care Pilot Project I: medical outcomes and patient satisfaction. *Med Care.* 1999;37(10):972-81.

Loisel P, Lemaire J, Poitras S, Durand MJ, Champagne F, Stock S, Diallo B, Tremblay C. Cost-benefit and cost-effectiveness analysis of a disability prevention model for back pain management: a six year follow up study. *Occup Environ Med.* 2002;59(12):807-15.

Turner JA, Franklin G, Fulton-Kehoe D, Sheppard L, Wickizer TM, Wu R, Gluck JV, Egan K. Worker recovery expectations and fear-avoidance predict work disability in a population-based workers' compensation back pain sample. *Spine (Phila Pa 1976).* 2006 Mar 15;31(6):682-9.

Turner JA, Franklin G, Fukton-Kehoe D, Sheppard L, Stover B, Wu R, Gluck JV, Wickizer TM. Early Predictors of Chronic Work Disability: A Prospective, Population-Based Study of Workers with Back Injuries. *Spine* 2008; 33(25):2809-2818.

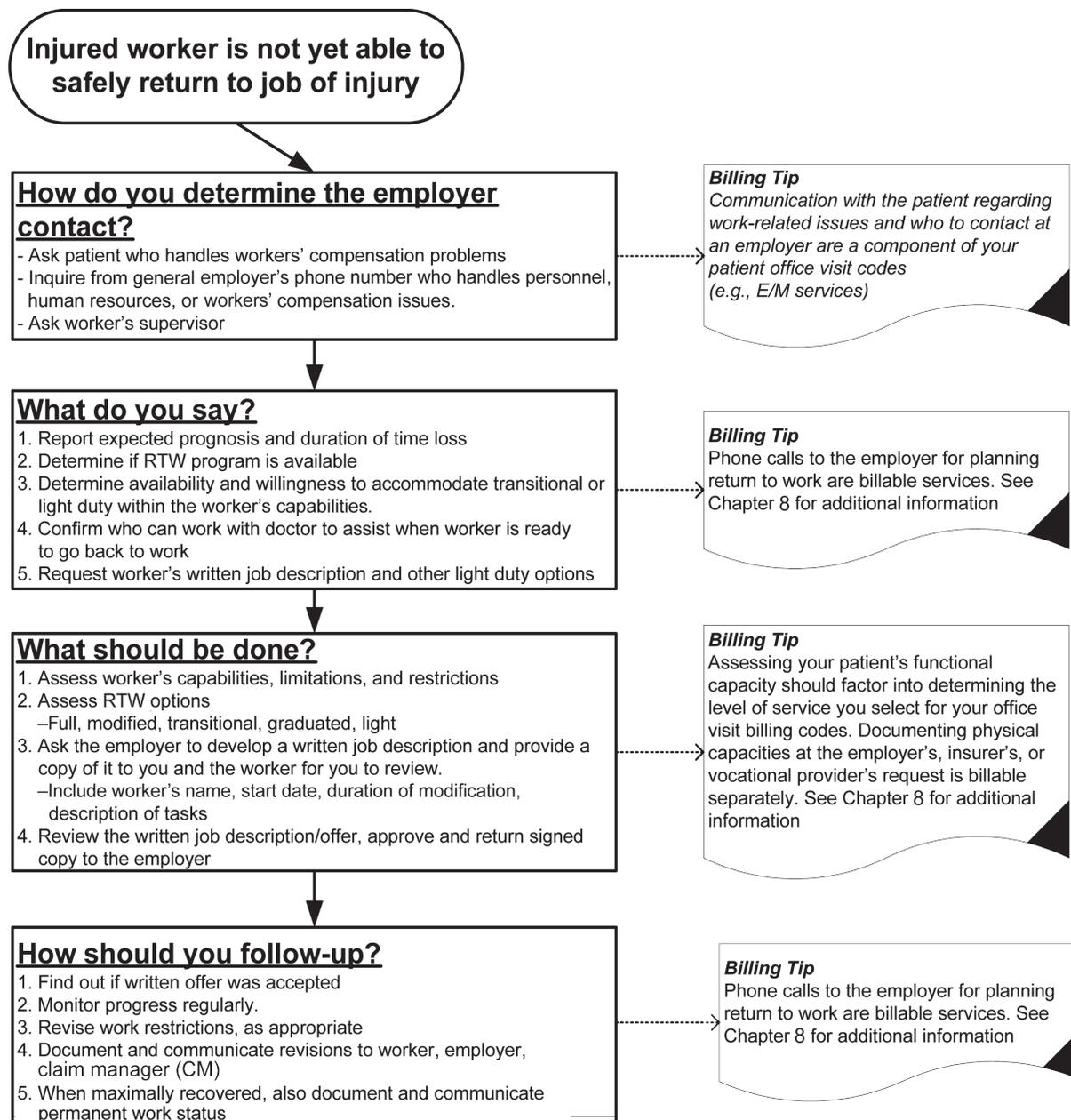
Wickizer T. Satisfaction among Employers with Health Care Delivered through Workers' Compensation: Final Survey Results Seattle, University of Washington, School of Public Health and Community Medicine, Department of Environmental Health, Occupational Epidemiology and Health Outcomes Program, 2001.

Wickizer TM, Franklin G, Fulton-Kehoe D, Gluck J, Mootz R, Smith-Weller T, Plaeger-Brockway R. Improving health care quality and reducing costs in workers' compensation healthcare: A population-based intervention study. *Med Care* 2011; 49(12):1105-1111.

Working with Employers

See Chapter 7 and the Appendix for RTW resources, sample forms, checklists and letters

Getting a worker back to a job involves teamwork between you, the patient, and the employer. The following flow chart summarizes the basic steps that should occur in facilitating an appropriate, timely return to work when you anticipate time-loss. The remaining sections in this chapter will provide more information on accomplishing this.



Why talk with an employer?

In addition to a clinical recovery from the occupational injury or illness, an optimal outcome for the patient includes early, safe, and sustainable return to work. Returning to work at the same job with the same employer preserves a worker's seniority, minimizes lost wages, and is usually the preferred goal for both the worker and employer.

Chapter 3

Some employers have well-established return to work practices or programs which facilitates many of the clinician's tasks. Other employers, frequently smaller ones, may not have much experience with return to work programs and may not fully appreciate that working with the provider to get the worker back is not only beneficial for your patient but helps their bottom-line in terms of workers' compensation insurance costs.

When should you call an employer?

You should call the employer as soon as you anticipate that the worker will need to be off work or has restrictions.

When should an injured worker go back to work?

The worker should return to work as soon as a job is available that he or she can do.

What does an employer need (and have the right) to know?

Personal health information may be extremely sensitive and protection of a patient's privacy is both important and required by law. Workers' compensation laws specifically allow employers to have access to relevant clinical, administrative and legal information when one of their employees files a workers' compensation claim.

Your patient's signature on a report of accident authorizes you to release information to the Department of Labor & Industries and RCW 51.36.060 specifically requires you to release medical information relevant to the claim upon request to the patient, their representative or their employer. Department Policy 9.20 specifically states that all parties must facilitate prompt RTW through open communication and Policy 1.35 reinforces that employers have access to claim information even without prior written authorization from the worker.

Will discussion of work status with an employer violate a worker's right to privacy under the Health Insurance Portability and Accountability Act (HIPAA)?

No. Although workers' compensation is exempted from the federal HIPAA law, L&I has decided to follow it where possible. It is important to protect your patient's privacy (and critical when it comes to non-work-related health information), but the best recovery involves teamwork with the patient, the employer, and the provider. Discussion of work abilities, restrictions, recovery expectations and the like with the worker's employer is appropriate and legal. As noted above employers have access to information about the claim. However, it is best to direct the employer to contact the claim manager for any specific request from their chart or claim file or to retrieve them from the Claim & Account Center at www.Lni.wa.gov/ORLI/Logon.asp.

Finding the right person to talk with at an employer

Save yourself time by getting in contact with someone at the employer who has the most knowledge and responsibility for handling workers' compensation claims. In large and experienced employers, there may be dedicated staff charged with facilitating RTW. Smaller organizations may involve working directly with a worker's supervisor. One of the following will usually put you in touch with the right employer contact:

- Ask if your patient knows who handles workers' compensation problems and find out the name of his supervisor;
- Call the employer's main number provided by the worker and see if your call can be directed to the person who handles workers' compensation for the employer;
- Ask to speak with personnel or human resources staff;
- Contact your patient's supervisor to see if they know who handles workers' compensation;
- Some employers may have a designated "claims contact" on file with the department. Staff on the Provider Hotline (1-800-848-0811) or our regional return to work resource staff (See Appendix A-1) may be able to assist.

What should you communicate to an employer about returning a patient to work?

Initiating early contact with an employer should focus exclusively on issues relevant to RTW and the patient's accepted industrial condition. Since early conversations with an employer may occur before a claim is accepted, it is a good idea to focus your conversation on return to work issues (such as work restrictions, availability of modified work) and what you are noting on the report of accident. The following steps outline important elements of a return to work discussion with an employer and a sample checklist form is included in the appendix to document information for your patient's chart when you call an employer.

- Ask the employer to provide you with specific information:
 - Worker's exact job title and physical requirements of job of injury
 - Confirm the best contact person at the employer for RTW
 - Worker's work schedule
 - Employer's description of accident
- If job modifications may be needed, let the employer know that your first preference in getting the worker back to work would be low tech, no or low-cost modifications to existing work sites and tasks.
- Find out if there may be options for gradually increasing hours, tasks, or duties
- Ask the employer for a written description of any return to work possibilities they may have for the worker and to be sure to share that with the worker.

- Encourage team work:
 - Emphasize the importance of RTW to worker’s health outcome
 - Remind them that they should make an offer to the worker for return to work
 - Let the employer know about resources available to help them bring a worker back to work (e.g., LEP, job modification, Early Return to Work program and Stay at Work Program)

Questions an Employer Might Ask You

When will the worker be ready to return to work? The most crucial information an employer usually needs is when a recovering employee will be ready to return to work and what they are capable of doing. You should call the employer as soon as you anticipate that the worker will need to be off work and let them know the length of time you anticipate the worker will be off. Find out about the employer’s ability and willingness to accommodate work restrictions or modifications of the worker’s job tasks or duties. The employer may be able to bring the worker back gradually (part time, temporary job task or timing modifications, temporary alternative duties, etc), meeting the restrictions, yet allowing the worker to maintain his or her connection with the workplace.

What can the employer do to help bring the worker back? When a worker does not return unrestricted to the job of injury, any modifications should be made in writing

and approved by the provider. A written job description developed by the employer and worker for the provider to review and approve is recommended. L&I has a form the employer can use at www.Lni.wa.gov, (in the search box, enter “job description”).

The employer should stay in regular contact with the worker, even when they are off work, to communicate about their status and show interest in their recovery and return. Let the employer know they can contact you with any relevant information or if they have questions about the worker’s functional abilities.

What should be in the written job description? The job description should include the following:

- Job duties;
- Number of hours per day;
- The graduated schedule of work hours and/or work duties, if applicable;
- Location of the work site;
- Wage; and
- A reasonable start date.

What resources are available to help employers with return to work? Labor & Industries offers direct assistance to employers to help return a worker to work. You can let the employer know about various resources and who they can contact to get more information or find out what is available.

L&I Employer RTW Assistance Possibilities	Contact
<ul style="list-style-type: none"> ■ Loss of Earning Power (LEP) benefit – If a worker returns to a transitional position at a reduced wage, the worker may be entitled to payments to help offset the difference between their original wage and the temporary wage 	Claim manager
<ul style="list-style-type: none"> ■ Risk Management Services – Risk management services located at many L&I service locations around the state can meet with State Fund employers to assist them in developing return to work programs and other strategies to help keep their premium costs minimized 	L&I Regional Service Location
<ul style="list-style-type: none"> ■ Early Return to Work (ERTW) Program – Regional staff at the department may be able to work with State Fund employers to trouble shoot and resolve return to work problems 	Claim manager
<ul style="list-style-type: none"> ■ Job Modification Benefit – State fund employers may be eligible to receive a consultation and up to \$5000 to make work site modifications that will help bring a worker back to work 	Claim manager
<ul style="list-style-type: none"> ■ Preferred Worker Program – Employers who hire previously disabled workers may be entitled to premium discounts 	L&I Regional Service Location
<ul style="list-style-type: none"> ■ Stay at Work Program – Employers that bring workers quickly and safely back to light duty, transitional jobs may be eligible for partial reimbursement of the worker’s wage and other costs. 	Claim manager

Chapter 3

What happens if a worker gets re-injured? In the vast majority of instances, bringing a worker back to work before full recovery is in both the worker’s and the employer’s best interest. The key to avoiding re-injury is to assure that workers who are not fully recovered work within their functional capacities. Returning gradually or in a transitional fashion helps prevent deconditioning and actually can reduce risk of re-injury. Research on musculoskeletal injuries has shown that the best healing takes place if the worker stays active.

If a worker returns but must take more time off because work activities lead to a flare-up of their condition, this does not automatically trigger a “new” claim.

How long will work restrictions last? Temporary job restrictions are aimed at aiding recovery and should be reassessed regularly. Restrictions should be time limited and should be followed until revised. Assure the employer that you

will continue to follow the worker on a regular basis and communicate regularly regarding extensions or changes to work capacities. Stress the importance of keeping the patient active during recovery, and the importance of teamwork between worker, provider, and employer.

Types of Work Release

You should consider releasing your patient for work as soon as you become aware of a job possibility, and you are able to assess and confirm the patient’s ability to perform that work. A work release does not necessarily mean your patient has reached medical stability or that he or she has permanent restrictions. There are several general kinds of work releases and it is important for you to document and communicate work releases with the patient, the employer and the insurer (Labor & Industries, if it is a State Fund claim.)

Type of Release	Communication
No physical or mental limitations caused by the worker’s industrial injury or occupational disease.	Document and communicate this information directly to the claim manager as soon as possible via a written report.
Full release for job of injury	Accomplished by physician’s review of a job description or a job analysis submitted by the employer, ERTW program staff and/or a vocational provider. Communicate your response to the employer, vocational provider, worker, and claim manager.
Release for transitional work offered by the employer <ul style="list-style-type: none"> ■ A transitional job may or may not be related to the worker’s job at injury ■ May or may not include modifications ■ Also known as light duty work release ■ If your patient is capable of only part time work initially due to the effects of the injury, you may consider a release for graduated return to work 	Accomplished by physician’s review of a job description or a job analysis submitted by the employer and/or a vocational provider. Document and communicate your response to the employer, vocational provider, worker, and claim manager.
Release for alternative permanent work offered by the employer <ul style="list-style-type: none"> ■ The alternative work may be another job altogether or it may be a modification of the job of injury 	Accomplished by physician’s review of a job description or a job analysis submitted by the employer, ERTW program staff and/or a vocational provider. Communicate your response to the employer, vocational provider, worker, and claim manager.

What if the employer is unable to bring the worker back to work?

Some employers may be unable to hold a job open when a worker is on time-loss. If modifications are not possible, or if a job cannot be held for a worker’s recovery, this should be clearly documented in the patient’s chart and reported to the claim manager. This can trigger additional assistance for the worker. It may be useful for employers to understand the costs involved in not being able to return a worker to the job. Risk management services in various L&I Regional Service Locations may be able to help the employer. You can contact the claim manager or regional Early Return to Work (ERTW) staff to obtain return to work assistance.

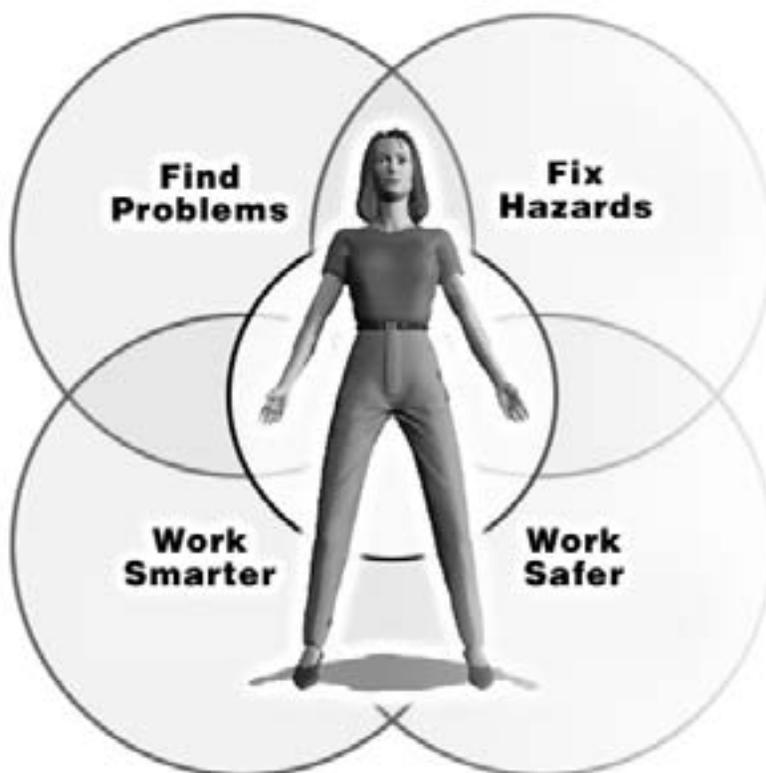
What is the difference between a job description, offer, and analysis?

Job Description: An employer prepares a written job description. It should be made available to the provider directly by the employer shortly after it is known the worker will be off work. There is no standard, required format that employers must use, but to be optimally useful to the provider, they should include a summary of job duties/tasks, the equipment and tools used, a description of frequency, repetitiveness, and duration of tasks and a description of specific physical demands. A sample form that can be used along with several sample descriptions are found in Appendix B-4.

Job Offer: A job offer is a written offer made by the employer to the worker for a job that accommodates needs following a work-related injury or condition. Again there is no standard, required format for a job offer, but key elements that must be included are defined in law. More information is available in the *Employer's Return to Work Desk Reference* (F 200-003-000). A sample letter from a provider following up on a potential job offer is included in Appendix C-1.

Job Analysis: A job analysis is specifically developed by a vocational provider assigned by a claim manager, usually somewhat later in the claim. These typically appear similar to a job description and may be presented in a variety of formats, often on a Physical Demands Job Analysis form.

All three of these are reviewed by the provider and are billable as a separate service (see Chapter 8). Tips on how to review job descriptions and analyses can be found in Chapter 7.



Filling Out the Activity Prescription Form

INSURER ACTIVITY PRESCRIPTION FORM (APF)
 Billing Code: 1073M (Guidance on back)
 Reminder: Send chart notes and reports to L&I or to SIE/TPA as usual.



State Fund Claims: Dept. of Labor and Industries - Claims Section
 PO Box 44291, Olympia WA 98504-4291
 Self-Insured Claims: Contact the Self Insured Employer (SIE)/
 Third Party Administrator (TPA)*

General Info	Worker's Name:	Visit Date:	Claim Number:
	Health-care Provider's Name (printed):	Date of Injury:	Diagnosis:

Required: Released for work?
Check at least one

Worker is released to the job of injury without restrictions as of (date): ___/___/___ Skip to "Plans" section below.

Worker may perform modified duty, if available, from (date): ___/___/___ to ___/___/___

Worker may work limited hours: ___ hours/day from (date): ___/___/___ to ___/___/___

Worker is working modified duty or limited hours
Please estimate capacities below and provide key objective findings at right.

Worker not released to any work from (date): ___/___/___ to ___/___/___

Prognosis poor for return to work at the job of injury at any date

May need assistance returning to work
Capacities apply 24/7, please estimate capacities below and provide key objective findings at right.

Required: Key Objective Finding(s)

Required: Estimate what the worker can do
Unless released to JOI

Capacity duration (estimate days): 1-10 11-20 21-30 30+ permanent

Worker can: (Related to work injury.) Blank space = Not restricted	Never	Seldom 1-10% 0-1 hour	Occasional 11-33% 1-3 hours	Frequent 34-66% 3-6 hours	Constant 67-100% Not restricted
Sit					
Stand / Walk					
Climb (ladder / stairs)					
Twist					
Bend / Stoop					
Squat / Kneel					
Crawl					
Reach Left, Right, Both					
Work above shoulders L, R, B					
Keyboard L, R, B					
Wrist (flexion/extension) L, R, B					
Grasp (forceful) L, R, B					
Fine manipulation L, R, B					
Operate foot controls L, R, B					
Vibratory tasks; high impact					
Vibratory tasks; low impact					

Other Restrictions / Instructions:

Employer Notified of Capacities? Yes No
 Modified duty available? Yes No
 Date of contact: ___/___/___
 Name of contact: _____
 Notes: _____

Note to Claim Manager:

New diagnosis: _____

Opioids prescribed for: Acute pain or Chronic pain

Required: Plans

Worker progress: As expected / better than expected.
 Slower than expected. Address in chart notes

Current rehab: PT OT Home exercise
 Other _____

Surgery: Not Indicated Possible Planned

Comments: _____

Next scheduled visit in: ___ days, ___ weeks.
 Treatment concluded, Max. Medical Improvement (MMI)
 Any permanent partial impairment? Yes No Possibly
 If you are qualified, please rate impairment for your patient.
 Will rate Will refer Request IME

Care transferred to: _____
 Consultation needed with: _____
 Study pending: _____

Sign

Signature (Required): _____ () - _____ Date: ___/___/___
 Doctor ARNP PA-C Phone number _____
 Copy of APF given to worker Talking points (on back) discussed with worker

State Fund Claims: Fax to claim file. Choose any number:
 360-902-4292 360-902-4565 360-902-4566 360-902-4567
 360-902-5230 360-902-6100 360-902-6252 360-902-6460

*Self-Insured Claims: For a list of SIE/TPAs, go to: www.Lni.wa.gov/Claims/Ins/Insurance/SelfInsure/EmpList/FindEmps/Default.asp

F242-385-000 Insurer Activity Prescription Form (APF) 07-2009 **APF**

Chapter 4

The Activity Prescription Form (APF) communicates work status, work-related physical capacities, verification of time-loss, and treatment plans. The information on the APF helps both the employer and claim manager assure they provide the appropriate assistance to speed your patient's recovery and return to work. Details regarding the form's use are printed on the back of the APF. You can obtain a copy of the form at www.Lni.wa.gov (type "activity prescription form" in the search field at the top of any L&I web page). Complete information regarding this form can be found at www.activityRX.Lni.wa.gov.

The APF was originally developed for use in L&I's Centers for Occupational Health and Education (COHE). It proved to be so helpful that it has been adopted for use statewide. The APF should be filled out and submitted for all new claims for which you will be certifying time loss or work restrictions. This form can be billed for and reimbursed when you are documenting work restrictions and it is submitted with the report of accident. The billing code for the activity prescription form is 1073M (see Chapter 8 for more information on billing). At the time of publication, payment for follow-up APFs is only made when the claim manager or self-insured employer requests the APF—except for COHE providers who follow specific rules. However, the concise organization of the information on this form has prompted many practitioners to incorporate them into their routine follow up charting on a patient's progress in getting back to work even if they do not bill for the form.

To be paid for completing an activity prescription form:

- Submit the form with reports of accident when there are work-related physical restrictions or when requested by the insurer.
- Complete all relevant sections of the form.
- Only attending providers may be paid for APFs using billing code 1073M (See Chapter 8 for more information on billing).
- Send chart notes and reports, as usual.

General Information and Work Release Sections

The top portion of the APF includes general patient and claim information.

The work release section contains information critical for the employer and claim manager to assure that the worker receives timely and appropriate assistance for returning to work as well as the payment of appropriate wage replacement benefits. There is a section with check boxes to indicate your patient's work status. This is where you document your best estimate of the patient's work status and how long that status might last. Your estimate should not only take into account your patient's physical

condition, but what work might be available for your patient. Although it is the employer and claim manager that make the determination of what jobs may be available, providers usually find it useful to have a phone call with the employer to determine their ability to accommodate job modifications.

As a general rule, when certifying that a worker is not released to perform any work, it is best to do so for only short intervals. Monitor and document their progress within a few days to a maximum of a week or two.

There is an area to document key objective examination findings that results from your patient's work-related condition. For example if extensive muscle spasm in the low back precludes the ability to bend forward on an assembly line this could be indicated in this space. In order to pay wage replacement benefits to the worker, a claim manager must have at least one key objective finding documented.

Work Abilities Section

The information provided in this section helps the employer and other involved parties (e.g., vocational specialists) establish job accommodations that allow the worker to stay active and connected with their job during their recovery. Specifically these restrictions (which are actually more useful when considered as "abilities") help frame what work tasks or modifications could be made available for your patient. Capacities you indicate are useful in all other daily activities around the clock.

As you know, keeping an injured person moving is critical to the recovery process. Connective tissue heals better when it is under normal stresses, once the initial, acute inflammation has been controlled. Gradually, but consistently, increasing the amount and duration of movement is a usual best-practice in injury rehabilitation.

Although a comprehensive physical capacity evaluation may not be a common practice for most primary care providers, the intent of this section is to document common sense activities within each domain that a worker could perform. Remember, these are educated estimates, not scientifically derived data points. Please see the "Approximate Weights of Common Objects" and "Common Household and Work Items" on Pages 20–22 for guidance in setting lifting restrictions.

In addition to work abilities and limitations, this section includes a box to document your contact with the employer. Details regarding when and with whom you spoke at an employer concerning patient's work abilities and the employer's capacity to accommodate job modification can all be quickly recorded here. There is also space to note any particular information for the claim manager.

How much can the injured worker do?

Each patient, each job, and each work-related condition is different and there are no ‘one-size-fits-all’ remedies for facilitating return to work. However, some general, basic principles hold true most the time and are presented here as a baseline for your consideration in developing return to work plans.

Points To Discuss with Injured Workers (The “Prescription” Angle)

Research shows that returning to normal activity as soon as safely possible after injury reduces the likelihood of long-term disability. Helping your patients develop expectations and goals for returning to work can improve their outcomes while protecting their incomes and benefits. Here are some conversations that occupational injury and disease specialists recommend you have with your patients:

- **“Activity helps you recover.”** Explain that returning to some level of work and activity will help patients recover from common injuries faster than prolonged bed rest. Be sure patients understand the level of activity they can do at home and work. Emphasize what they can do.
- **“Some discomfort is normal when returning to activities after an injury.”** Discomfort from activity is different from pain that indicates a serious problem or setback.
- **“You can help with your own recovery.”** Make sure your patients understand that while you can help with pain and healing, they play an equally important role by following your instructions.
- **“You can protect yourself from re-injury.”** When musculoskeletal injuries are involved, talk to patients about how changes in the way they move or do their jobs can prevent other injuries.
- **“Early and safe return to work makes sense.”** Say: “The longer you are off work, the harder it is to get back to your original job and wages. Even a short time off work takes money out of your pocket because time-loss benefits do not pay your full wage.”

When determining someone’s ability to perform work tasks, it can be helpful to understand the context of what common, everyday tasks might involve. The table of “Approximate Weights of Common Objects” and the figure “Common Household / Work Objects” on Pages 20–22 show typical weights for commonly handled items. This offers you and your patient some perspective on what kinds of work activities may be possible.

Safe lifting in a healthy adult

Typically, most healthy adults should be able to lift up to about 40% of their own body weight on a periodic basis. For example, a 200 lb. male should be able to lift about 80 pounds a few times every hour or so. Obviously more detailed consideration should be given for repetitive work. The following table reflects common definitions of repetitive work.

Repetitive Lifting Definitions	Safe Weight Limit
Seldom: 0-4 repetitions/hour	Maximum (e.g., 40% of body weight)
Occasional: 8-32 repetitions/hour	70% of Maximum
Frequent: 33-200 repetitions/hour	50% of maximum
Constant: 200 repetitions/hour	30-40% of maximum

L&I maintains an ergonomics website with useful information about safe lifting, at risk jobs, and other resources to help providers address safe lifting amounts, repetitions, and durations. Type “ergonomics” into the search box at the top of any www.Lni.wa.gov web page or go to <http://www.Lni.wa.gov/Safety/Topics/Ergonomics>. Click on the various links to find a number of useful tools for planning return to work with your patients.

Chapter 4

The 25% strategy for safe lifting

For most strain and overuse injuries, a strategy recommended by many occupational health experts is to never restrict the patient 100%. One starting point to consider is to have them restrict their activities to about one quarter of what they did before they got injured. For example, if they did lifting a full 8 hours every day, restrict it to just two hours each day. And if the amount typically lifted was about 80 pounds, restrict it to about 20 pounds. This is obviously just a ball park starting place and will depend on individual circumstances, but activities common to daily living, even following an injury, include things like lifting a shopping bag, a gallon of milk, or opening a car door, all things that involve about 10 pounds of force. As you can see in the tables, a large case of soda is about 20 pounds, a bucket of kitty litter is about 30 pounds, and a 4 year old child weighs approximately 40 pounds.

When performing tasks that involve use of the neck and back, consider the following to address musculoskeletal complaints and injuries (ACOEM 2010):

- Avoid twisting and bending while bearing a load whenever possible by proper placement of work materials.
- Avoid reaching outside the “preferred work area” whenever possible by proper placement of work materials within approximately a 90 degree arc centered in front of the worker.
- Avoid frequent bending and stooping, especially below knee level, by:
 - Placement of the load.
 - Use of mechanical lifting devices.

Work modification (aka: light duty, job accommodation)

Accommodating a worker’s injuries is the responsibility of an employer if it is at all feasible. Many factors come into play including state and federal law, labor management agreements, and company policies. Availability of work modification is usually straightforward with larger employers but may be more difficult with smaller employers. As an attending provider, having a phone call with the employer is usually the most effective way of determining what might be possible. An employer phone call check list and two sample phone scripts can be found in Appendices B-2 and B-3.

Approximate Weights of Common Objects

Less than 1 pound:	
8 ounce bottle of baby formula	10 ounces
Bottle of liquid beverage	8 ounces
Can of liquid beverage	8 ounces
1-3 pounds:	
10 inch iron tin snips	1 pound
12 inch crescent wrench	2 pounds
16 ounce hammer	2 pounds
Men’s shoes	1 1/4 pounds each x 2 = 2 1/2 pounds
Diaper bag, empty	2 pounds
Steam iron filled with water	3 pounds
6-pack of liquid beverage	3-5 pounds
12 cup stainless steel carafe of coffee	4.5 pounds
3-5 pounds:	
3/8 inch cordless drill with rechargeable battery	3 1/2 pounds
3/8 inch cordless drill/driver	4 pounds
Men’s hiking boots	2 1/2 pounds each x 2 = 5 pounds
Woman’s purse	average 4 to 6 pounds
3 quart, stainless steel pan with water to cook pasta	5.5 pounds
6-10 pounds:	
Diaper bag w/ food, toys, bottles, diapers, wipes. . .	6 pounds or more
125 oz (Costco size) dishwasher liquid soap	8 pounds
Gallon of water	9 pounds
<i>NOTE:</i> Grip force to clamp light duty automotive jumper cables onto a battery	10 pounds of force
11-15 pounds:	
7 1/4 inch circular saw	14 pounds
Brief case	14 pounds
16-20 pounds:	
Medium sized bag of dry pet food	8-10 pounds
Large bag of potatoes	20 pounds
20-25 pounds:	
8.7 L liquid laundry soap (Tide)	21.5 pounds
Large turkey in a roasting pan	About 25 pounds
25-40 pounds:	
Car battery	20 to 40 pounds or more

Common Household / Work Objects



2 lbs – Hammer



3 lbs - Quart of Paint



4 lbs - Traffic Cone



4.5 lbs - 2 Qts Juice



5 lbs - Pop



5 lbs – Drill



5 lbs - Ream of Paper



7 lbs – Trimmer



8 lbs - Pop 12 can Fridge Pack



9 lbs - Gal Milk



9 lbs-2x4 Stud (8')



10 lbs - Metal Folding Chair



10 lbs - Blower (gas)



12 lbs - Gallon of Paint

Chapter 4

Common Household / Work Objects, *continued*



16 lbs - 5 Gal Shrub (dry)



17 lbs - Infant 4 mos



20 lbs - Beer 30 cans



25 lbs - Aluminum Ladder



25 lbs - Fertilizer



26-28 lbs - Toddler 2 yrs



30 lbs - Kitty Litter



30 lbs - Metal Hand Truck



36 lbs - Child 4 yrs



47 lbs - Water



50 lbs - Dog Food



65 lbs - 5 gal Paint

Treatment Plans

This section of the APF provides space to summarize your worker's progress (obviously appropriate for recording on follow-up assessments) and to document the basic treatment plans you are recommending. This information provides a quick and easy reference for the main clinical thresholds about how the patient is coming along, what other care you will be using (e.g., PT, specialist), when you plan to follow-up, and any sense you may have about the patient's maximal improvement or lasting physical impairment.

Signature Box

In addition to the obligatory signature and date, a couple of small reminder boxes appear here that assure you provide your patient a copy of this form and remind you about some important talking points regarding your patient's role in their recovery and return to normal activity.

For Additional Information

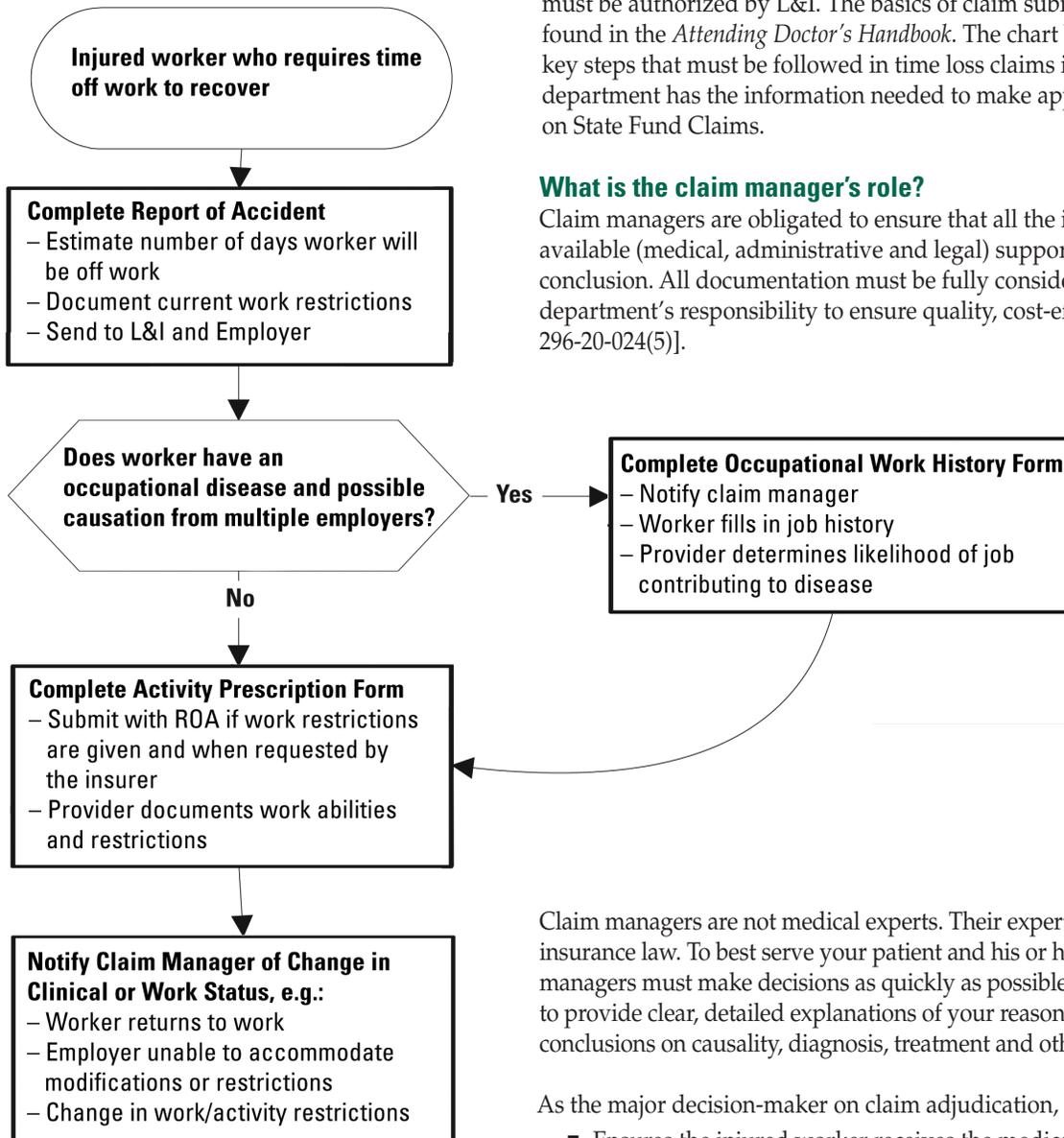
L&I offers basic and advanced trainings that provide essential information you might need to perform this work. Information regarding provider resources, including upcoming seminars, is online at www.Lni.wa.gov/ClaimsIns/Providers/WorkshopTrain/Courses/default.asp. Additional return to work information can be found at www.Lni.wa.gov/ClaimsIns/Providers/ as well as in the Appendix Section of this document.

References

American College of Occupational and Environmental Medicine. ACOEM Practice Guidelines, 3rd Edition. Elk Grove Village, IL: American College of Occupational and Environmental Medicine. 2010.

Working with L&I

See Chapter 7 and the Appendix for RTW resources, sample forms, checklists, and letters



Workers’ compensation claims must be accepted by L&I or the self-insured employer, and if a worker is to receive time loss benefits, it must be authorized by L&I. The basics of claim submission can be found in the *Attending Doctor’s Handbook*. The chart below summarizes key steps that must be followed in time loss claims in assuring that the department has the information needed to make appropriate decisions on State Fund Claims.

What is the claim manager’s role?

Claim managers are obligated to ensure that all the information available (medical, administrative and legal) supports the provider’s conclusion. All documentation must be fully considered to fulfill the department’s responsibility to ensure quality, cost-effective care [WAC 296-20-024(5)].

Claim managers are not medical experts. Their expertise is in industrial insurance law. To best serve your patient and his or her employer, claim managers must make decisions as quickly as possible. Therefore, try to provide clear, detailed explanations of your reasons for reaching conclusions on causality, diagnosis, treatment and other issues.

As the major decision-maker on claim adjudication, the claim manager:

- Ensures the injured worker receives the medical and financial entitlements under the law.
- Authorizes treatments.
- Manages the effort to return an injured worker to the job and/or bring the claim to a successful resolution.

Chapter 5

To make appropriate decisions, claim managers rely on facts received from attending providers and from internally based advisors, such as physician, chiropractor, occupational nurse and vocational consultants.

The claim manager also relies on non-medical information, such as information received from employers, investigators and others. Your cooperation with the claim manager is needed and much appreciated.

When do you need to communicate with someone at L&I?

You should notify L&I whenever the clinical or work status of your patient changes. In addition, you need to provide progress reports at least every 60 days until the claim is closed. More frequent progress reports can be helpful to the claim manager until your patient is able to return to work.

You do not need to talk with a claim manager unless you have an immediate need, information to report, or have a question about the adjudication of the claim. This includes acceptance or denial of the claim and the authorization of those services that require prior approval. You do not need preauthorization to provide treatment or to schedule consultations for your patient. It will help you to know what services require prior authorization in the workers' compensation system. You can find the list of services requiring prior authorization in L&I's *Attending Doctor's Handbook*. (Type "ADH" in the search field at www.Lni.wa.gov for a download to copy.

What do you need to tell the claim manager?

Providers' office/chart/progress notes and 60-day narrative reports should include the SOAP contents:

- The worker's Subjective complaints
- The provider's Objective findings
- The provider's Assessment
- The provider's treatment Plan (This should include information on the patient's functional improvement. Also, if you have noticed any risk factors for chronic disability - such as impediments to return to work, stalled clinical progress, or other confounding factors - please mention them in this section. This should also include what you tell the worker regarding expectations for recovery, medication side effects, etc. It should also include the type of treatment to be given, specific modalities, frequency, duration, expected completion date, and anticipated outcomes.)

In workers' compensation, claim managers have unique needs for work status information. These needs are directly related to the effort to manage return to work. To meet this need, chart notes also need to contain two additional elements, which can be designated by adding "ER" to the SOAP contents:

- E — Employment issues. Has the worker been released for or returned to work? When is release anticipated? Is the patient currently working, and if so, at what job? When is release anticipated?
- R — Restrictions to recovery. Describe the physical limitations, both temporary and permanent, that prevent return to work. What other limitations, including unrelated conditions are preventing return to work? Can the worker perform modified work or different duties while recovering (including transitional, part-time, or graduated hours)? Is there a need for return to work assistance?

You may avoid unnecessary requests from vocational counselors and others by providing the information above in every chart note. If there has been no change in employment or restrictions since your patient's last visit, you should simply state this fact in your chart notes, since this information may be critical for the vocational counselor to proceed with the vocational assessment and plan. This information is also critical to enable the claim manager to process your patient's time-loss compensation in a timely fashion.

Why do claim managers need the information? What will they do with it?

Claim managers are responsible for making adjudicative decisions on the claim. They use the clinical and work status information that you send, in addition to information from the worker and employer, to make sure the injured worker receives the benefits for which they are eligible. The claim manager will review the information you send and make a determination about the benefits that are due the injured worker. As soon as they are able to make that decision, they can authorize treatment or wage replacement benefits.

How can you best communicate with L&I?

Any information that deals with the adjudication of the claim needs to be sent in writing to L&I. Fax it in (see submitting documents to L&I below) as this is the fastest way for it to appear in the claim file. Examples of typical written communication include the report of accident form, chart notes, progress reports, occupational disease work history form, activity prescription form, and supplemental medical reports.

Reports and Documentation	
Report Type	Due
Initial report of injury	Within 5 days of 1st visit
Activity Prescription Form	Submit with report of injury if workers has work restrictions or when requested by claim manager
Occupational Work History Form	2nd visit for IW with occupational disease
Office / Chart / Progress Reports	No later than every 60 days
Supplemental reports	Upon request
Consultation reports	At 120 days

Contacting L&I

The claim manager is often the key point of contact for claim specific communication and you can contact them directly. (Whenever a report of accident is submitted, the worker will receive an "Order and Notice" (ON) letter that indicates if the claim has been accepted, which claim manager has been assigned to it, and how to contact them.) A copy of the ON is routinely sent to the attending provider who submitted the report of accident. Have the claim number and your L&I provider number before placing a call to L&I.

Another avenue for information is the local L&I Service Location. Customer Service Specialists within the service location can access claim specific information directly from L&I's information systems. They are also able to send messages directly to the claim manager on your behalf. Because providers and claim managers are usually busy, sometimes it can be difficult to reach a claim manager by telephone. A number of other options for attending providers and their staff to obtain claim specific and billing information are available.

L&I Claim & Account Center (www.ClaimInfo.Lni.wa.gov)

The Claim & Account Center (CAC) is an online resource available to workers, their representatives, employers, and providers who are caring for a worker. Through CAC, you can check the status of a claim, view claim documents and L&I's notes about the claim, find out if treatment has been authorized, or if a bill has been paid. Through CAC providers can also send the claim manager a secure message, update work status, or protest a claim decision, among other things. CAC is fast, secure, easy to use and is free. For additional information and to sign up for access, visit www.ClaimInfo.Lni.wa.gov.

Interactive Voice Response Message System (1-800-831-5227)

If you have claim or billing questions, you may also call the Interactive Voice Response Message System (1-800-831-5227). Using your provider account number and a touch-tone telephone, you can obtain information on the status of State Fund claims, allowed/denied diagnosis and procedure codes, current bill status, and the name of claim managers and their phone numbers.

Provider Hotline (1-800-848-0811)

Medical treatment adjudicators staffing the Provider Hotline (1-800-848-0811) can answer your questions on bill payment or denial, Provider Bulletins and updates, information on authorization for treatment, the Medical Aid Rules

and Fee Schedule, and applicable sections of the Washington Administrative Code (WAC) or Revised Code of Washington (RCW). The Provider Hotline operates from 8 a.m. to 5 p.m. weekdays.

What if I suspect fraud?

It is everyone's responsibility to make sure that the workers' compensation system is used appropriately. The department takes fraud seriously and violation of laws can have significant consequences. Some examples of potential problems might include when a patient was not actually injured on the job or is collecting time-loss benefit while working; when an employer discourages a worker from filing a claim or directs care; inappropriate prolonging of time-loss benefits; or billing for services not provided. If you have any questions or concerns about any potential misuses of the workers' compensation system, visit the L&I website www.Lni.wa.gov/ClaimsInsurance/WorkersCompFraud/ or call the fraud hotline at 1-888-811-5974.

Submitting documents to L&I (for State Fund claims)

Most reports, forms and chart notes (but not medical bills) can be submitted to L&I by mail or fax. The table below provides information current at the time of publication. The most current information and options can be found on the L&I website www.Lni.wa.gov/ClaimsIns/Providers/.

Reports and Chart Notes	
<p>Document Type</p> <p>Report of Industrial Injury or Occupational Disease (F242-130-000)</p> <ul style="list-style-type: none"> ■ Correspondence: reports and chart notes (in SOAPER format) ■ Claim related documents other than bills. ■ Consultation reports 	<p>Where to send claim information</p> <p>Department of Labor & Industries P.O. Box 44299 Olympia, WA 98504-4299</p> <p>Use this fax number: 360-902-4567</p> <p>OR mail it to: Department of Labor & Industries P.O. Box 44291 Olympia, WA 98504-4291</p>

Troubleshooting Common Return to Work Problems

RTW Problems with Patients

Problem	Solutions to Consider
The worker indicates they don't want to go back to their job.	Determine why. Fear of re-injury is different than not liking their job. Work place accommodations may let the worker function within their capabilities to prevent re-injury. If other factors exist, be sure to communicate them to the claim manager so assistance can be obtained quickly.
The worker has tried to do the work, but it hurts "too much".	Review and update job tasks, capabilities, and restrictions. Communicating further with the employer may be of value. More detailed ergonomic or vocational assessment may also be useful.
The worker wants to get a different/better job.	Although a worker may choose to change jobs on their own, workers' compensation benefits do not provide for career advancement. Workers compensation laws delineate the priorities involved in returning to work emphasizing return to their job and employer at the time of injury.
The worker asks for "just a couple more days" off work.	The worker is usually the best resource for information about their specific job and their ability to do it. The vast majority of workers are also being honest about their uncertainties about returning to work. However, the decision to not return to work is the provider's responsibility. Workers' compensation time-loss is not a discretionary benefit, such as sick leave or vacation time. Be sure to discuss options such as graduated return to work and modifications. It is important to assure that your clinical findings and medical opinions are in line with the worker's perceptions. If they are not, it may be useful to review the basic requirements of workers compensation with the patient and their responsibilities in getting back to work.
The worker misses scheduled follow-up appointments.	Determine the reasons for missed appointments and be sure your patient understands that failure to follow through on care can lead to adjudication problems that could result in a delay or loss of benefits.
Your office can't schedule a follow-up appointment until 2 months later.	Care of patients with occupational injuries often requires timely action. Work with your schedulers to make them aware of the urgency in treatment to reduce risk of disability. You may wish to consider referral to providers who may be able to assist in timely care, particularly if a worker is off work.
The subjective and objective findings don't match.	If careful reassessment of your medical findings and opinion support your certainty in them, you should document and communicate this with the claim manager. Specialist consultation may help sort out other clinical issues as well as other factors. Workers' compensation adjudication is based on objective medical findings and opinions. Inconsistencies that exist between subjective and objective information raise adjudicative flags and independent second opinions and/or loss of benefits may result.
The worker is non-compliant with their return to work release.	Try to determine the reasons and consider appropriate review and revisions to job modifications. Talk with your patient and their employer, as necessary.
The worker doesn't agree with the RTW goal.	The most successful return to work involves teamwork with the worker, provider and employer. If reasonable return to work goals are unacceptable to the patient, there are usually other factors involved. It may be helpful to ask for ERTW program staff services.
You aren't seeing the expected clinical improvement.	Stalled clinical progress is one of the first indicators that a worker may be at higher disability risk. It is important to determine what impediments to recovery exist as quickly as possible. Second opinion and specialist consultations do not require pre-authorization and may help determine what clinical barriers exist. Most needed diagnostic tests are easily obtained as well. Be sure to explore non-clinical barriers to recovery such as problems in the workplace, deconditioning, depression, or low recovery expectations.
The worker says they will find a provider who will help them (get what they want).	Workers have the right to choose their own providers in Washington State. While there are many legitimate reasons for a patient wanting to transfer to someone else, such as relocation or specialty care, being at odds with a patient is a very difficult situation. Although the Department will routinely authorize transfer of care, frequent changes may result in a denial of transfer.

Chapter 6

RTW Problems with Employers

Problem	Solutions to Consider
You can't find the right employer contact to assist in RTW.	Call the Provider Hotline 1 (800) 848-0811 or (360) 902-6500 for assistance. Some employers may have a "claim contact" designated that hotline staff or customer service staff in regional L&I Service Locations may be able to locate.
You or the employer are uncertain about what information can be shared.	Workers' compensation law and policy authorize and encourage communication and teamwork in facilitating return to work. As a general rule, it's best to communicate specifically about the worker's functional capacities, return to work, and work issues related to the accepted occupational condition. You are required to release medical information about the work-related condition when requested by the worker or their representative. It is usually best to direct the employer to the claim manager to provide copies of any specific medical records on the claim or tell employer to access the information from the Claim Account Center. Ask the claim manager if you have any specific questions or concerns.
The employer fears re-injury (e.g., "We only want them back when they're 100%").	Concur with their concern and emphasize that progress has been made. Explain that working within a patient's physical capacities is critical; doing so will prevent re-injury or aggravation. It may be helpful to explain that it is often worse for a patient to remain off work because they can become de-conditioned. If symptoms recur upon return to work, the options to make additional modifications or extend time loss will still exist. Note that a flare-up of a condition during an open claim is not automatically considered as a new claim. If there is no possibility of transitional return to work, referral for specific work conditioning or hardening can also be made.
The employer does not understand the importance and value of modifying a worker's job or conveys an unwillingness to participate in RTW efforts.	Employers may be unaware of the value returning to work has for a worker's recovery and the impact that time loss injuries can have on the employer's premium costs. Risk management services in various regional L&I Service Locations can assist. You may also ask the claim manager to obtain employer services resources.
The employer won't talk to you.	It is highly unlikely that an employer would not be willing to discuss return to work issues with a worker's medical provider. Should this occur, document this in your patient's chart and communicate it to the claim manager right away. ERTW program staff in regional L&I Service Locations may be able to work directly with the employer.
The worker's job of injury is no longer available (e.g., layoff).	Workers' compensation law does not require an employer to keep the worker's job open, although this may be the preferred option. Report this as quickly as possible to the claim manager so a formal vocational assessment can be considered.
The employer fails to follow work restrictions.	This should be documented in your patient's chart. It may be helpful to call the employer and discuss the importance of following restrictions. Notify the claim manager right away. Formal RTW offer letters often reduce the occurrence of this issue and are strongly recommended to protect both the worker and the employer. ERTW program staff or a vocational provider may assist with this activity.
The worker fails to follow work restrictions.	Workers should be encouraged to work within their capacity and strive to increase their effort as they recover. It is also important that a patient's work does not exceed their capacity. In addition to discussing this with the patient, it may be helpful to discuss with the employer as well.
The employer does not follow up with a formal written RTW offer.	A follow-up call and a brief letter to check on the status of a written offer frequently resolve the issue. If problems are arising, ERTW program staff at regional L&I Service Locations may be able to assist. You may also contact the claim manager to request assistance from a vocational provider.
The worker fails to follow up on employers formal written RTW offer.	Inform the worker that you have released him/her for the work being offered, and that the worker's failure to follow through may result in loss or termination of benefits.
Job description meets most, but not all, restrictions. The employer tries to negotiate reductions in appropriate work limitations or restrictions.	The employer is required to accurately follow the job description you approve for the worker. If an employer proposes activities that exceed your patient's capacity, you should let the employer know your concerns and communicate the importance of following appropriate restrictions.
The employer indicates that workplace issues such as collective bargaining agreements or contract issues preclude transitional and light duty or other forms of job modification.	Contact the claim manager. ERTW program staff from regional L&I Service Locations may be able to work with employers and unions to find workable solutions.
The employer expresses concerns about the cost of job modifications.	Emphasize that low-tech low cost options usually will be adequate. There is also a job modification benefit for up to \$5000 that may be available. A number of other resources for employers are available. Please visit www.Lni.wa.gov/Claims/Insurance/Injury/ to view employer resources and guidelines.
The worker's job is of a transient nature or with multiple employers (e.g., in construction).	The employer to whom the claim is assigned is usually in the best position to find modified or light duty work for an injured transitional or seasonal worker. Contacting the claim manager about referring for a vocational assessment is another option.

Resolving RTW Problems with L&I Claims Adjudication

Problem	Solutions to Consider
If you need to obtain information about the claim and can't reach the claim manager by phone.	Providers may access most claim information on their own patients through the Claim & Account Center (CAC). Providers may sign up for CAC access free of charge at the L&I website (www.Lni.wa.gov). Automated claim information is also available on the Interactive Voice Response Message System (1-800-831-5227). For claim acceptance, a bill's status, utilization review activity, or authorization status of procedures, diagnoses or prescriptions, call the Provider Hotline (1-800-848-0811). Details about how to use the system are in the <i>Attending Doctor's Handbook</i> (www.Lni.wa.gov/FormPub/Detail.asp?DocID=1669).
If you need to communicate or discuss something with a claim manager and are unable to reach them by phone.	Connecting with busy people by phone can be frustrating. Whenever possible, leave a specific, detailed message including the claim number and your contact information. Ask them to leave a detailed response for you. You should also submit information and requests in writing so that they can be imaged and included in the claim file. You may also send a secure message to the claim manager online through the Claim & Account Center (CAC). Providers may sign up for CAC access free of charge at the L&I website (www.Lni.wa.gov). If you do not get a response within 48 hours, ask to be contacted by the claims unit supervisor.
The patient has a previously filed claim, and you need information, but weren't the attending provider on that claim.	Contact the worker's claim manager to explain the circumstances so that they can provide you access.
You are trying to find L&I resources to help you with return to work issues.	Many return to work issues can be addressed by staff at regional L&I Service Locations. Customer Service Representatives can answer many questions and help locate appropriate staff to assist. Phone numbers for Regional Office Staff in your area can be found in Appendix A.
You have received a form about return to work from the department or a vocational provider that you do not understand.	Most correspondence that is sent out has appropriate contact information for getting questions answered. A Customer Service Specialist at your regional L&I Service Location staff may be able to quickly assist you in finding the right person to talk to. Contact phone numbers are located in Appendix A-1.
An occupational disease claim has not yet been allowed and you want to follow up.	Occupational disease claims (such as carpal tunnel syndrome) may be apportioned to multiple employers. Workers with such conditions are required to complete a comprehensive work history form (F242-071-000/F242-071-999). Failure to return this form is a common source of delay. Check with your patient and make sure it has been returned. Delay may also occur because validity of the claim is uncertain or has been challenged. Review the report of accident and check that work-relatedness is clear (e.g., injury or exposure matches the condition), and that probability of work-relatedness was indicated. Contact the claim manager to identify specific issues.
The worker has an underlying condition (such as depression) that is impeding their ability to return to work, but treatment has not been authorized.	Conditions unrelated to the accepted industrial condition are not covered under L&I benefits. Treatment may be approved in some situations where the condition represents a demonstrable barrier to recovery. Psychological or psychiatric care in workers' compensation cases is subject to specific criteria. Contact the claim manager to discuss what may be allowable and any specific medical justification that may be necessary.
More than one medical provider is treating the patient and you are unsure who is responsible for facilitating RTW.	It is the attending provider who required by law to coordinate and communicate about return to work issues.
You have other non RTW-related questions.	See the <i>Attending Doctor's Handbook</i> for general information and troubleshooting with Washington State workers' compensation cases.

Additional Resources Available to Help Attending Providers

See the Appendix for a list of additional L&I resources that can assist in RTW

Case specific help

The *Attending Doctor's Handbook* is your best resource for information about working with L&I claims and contacting many of the resources the department offers. A list of L&I RTW resources and contact phone numbers throughout the state can be found in Appendix A. Listings were current as the date of printing, but specific services and phone numbers can change. Check listings in the State Government section of your local directory under "Labor & Industries, Dept of", call the Department's central office at **1-800-547-8367**, or check the Department's website at www.Lni.wa.gov.

General information

L&I publications (www.Lni.wa.gov/FormPub/)

- *Attending Doctor's Handbook* (F252-004-000)
- *Employer's Return to Work Desk Reference* (F200-003-000)
- *Attending Provider's Return to Work Desk Reference* (F200-002-000)
- *Worker's Guide to Industrial Insurance Benefits* (F242-104-000)
- *Getting Back to Work... It's Your Job and Your Future* (F200-001-000)
- Provider Resources including Fee Schedule, Payment Policy, Treatment Guidelines and other practice resources can be found on the L&I website (www.Lni.wa.gov). Click on the link for medical providers.

Printed forms and publications are available free of charge online and from the L&I Warehouse. To find forms online visit www.Lni.wa.gov/FormPub/

Use the order form in the back of the *Attending Doctor's Handbook*, or send a written request with your name, provider number, shipping address, quantity desired, and publication name and stock number to:

Department of Labor & Industries Warehouse
P.O. Box 44843
Olympia, WA 98504-4843

L&I continuing education programs

L&I sponsors a number of continuing medical education programs around the state on workers' compensation. For a schedule of upcoming seminars, online publications, videos, online CME tests, and other educational opportunities check the L&I website (www.Lni.wa.gov) and search on "Courses and Seminars". Additional information may be obtained by calling 360-902-6817.

Useful Websites

Information for providers:

- Fee schedules, and payment authorization information www.Lni.wa.gov/ClaimsIns/Providers/Billing
- Continuing education opportunities www.Lni.wa.gov/ClaimsIns/Providers/WorkshopTrain
- Treatment Policies and Guidelines www.Lni.wa.gov/ClaimsIns/Providers/TreatingPatients
- Return to work assistance www.Lni.wa.gov/ClaimsIns/Providers/TreatingPatients/RTW
- Centers for Occupational Health and Education www.Lni.wa.gov/ClaimsIns/Providers/ProjResearchComm/OHS

Chapter 7

L&I Ergonomics Idea Bank:

www.Lni.wa.gov/Safety/Topics/ReduceHazards/ErgoBank

- Searchable collection of ideas that may help you reduce exposure to awkward postures, high hand force, repetitive motions, lifting, vibration and other risk factors for work related musculoskeletal disorders in your workplace.

US Department of Labor Job Accommodation Network:

<http://janweb.icdi.wvu.edu/>

- Free consulting service that provides information about job accommodations, the Americans with Disabilities Act (ADA), and the employability of people with disabilities.

How to...

There are several common activities providers commonly must do to facilitate early and appropriate return to work. A brief overview of what is involved and where to go for more information is presented below.

Determine physical capacities and work restrictions

Many specialists perform comprehensive physical capacity evaluations, some basic elements for assessing capacities and making work restrictions include:

1. Ask the worker what specific activities their job entails. Assess how much, how long, how frequently they perform various activities. Typical activities to consider include: sitting, standing, walking, strength-activities (lifting, carrying, pushing, pulling).
2. Review the job description provided by the employer.
3. Assess the patient's physical condition (through your history and examination) and the extent of its impact on the workers ability to perform his or her job.
4. Make note of capacities (think "how much, how long, how frequently" they can perform various activities) and restrictions (limitations on any of the above).

Make job modifications

1. Ask the worker what they normally do throughout the day at work.
2. Discuss with them options for performing potentially problematic tasks. Ask them what they would fix or change about the job to make it easier to return to work.
3. Consider (at least initially) low tech, low cost options for returning. Examples might include:
 - Graduated return to work (e.g., reduced hours, frequent break scheduling, limiting specific tasks),
 - Simple rearrangement of work spaces or work processes (e.g., make activities at the computer and phone more symmetrical and incorporate proper postural techniques)
4. Consider asking employer to provide options for your consideration

For more information about job modifications ...

- Have your patient contact the U.S. Department of Labor's free Job Accommodation Network (1-800-526-7234 or on the Web <http://janweb.icdi.wvu.edu/>) to explore options for modifications to specific jobs.

For more information about determining physical capacities and work restrictions...

- Visit the L&I ergonomic idea bank website www.Lni.wa.gov/Safety/KeepSafe/ReduceHazards/ErgoBank/

Review and act on job descriptions and job analyses

1. Review the employer's formal written job offer or the job description/analysis for specific activities, tasks, durations, etc.
2. Clarify with the worker that the job description, analysis or offer reflects their job duties. If it does not, bring this to the employer's attention and seek to resolve any discrepancies.
3. Compare the offer or analysis with your assessment of your patient's physical capacities and work restrictions. If the offer/analysis and capacities/restrictions line up well, approve the offer by indicating so, signing it, and returning it to the employer. Be sure to inform your patient (they should have received a copy when you did).
4. If the offer is not consistent with the worker's capacities and restrictions, talk to the employer and explore if further modifications can be made. Consider gradual return (reduced hours) to work as well. If this cannot be resolved, you may reject the offer. If this is the result, you may want to contact the claim manager or ERTW program staff in the regional L&I Service Locations to see if a consultation can be arranged with the employer.

Identifying additional resources when Return to Work does not occur

If it appears that a patient cannot or does not want to return to work, a vocational assessment may be the most helpful option. You can request a vocational assessment from the department or self-insured employer. The vocational provider will typically require your assistance in determining the worker's physical capacities, and/or reviewing job analyses for potential occupations.

The vocational assessment may result in the worker found to be eligible for assistance with developing a rehabilitation plan to assist him or her in becoming employable. In some cases, a worker may be found to be eligible for a pension. This determination may result from a conclusion that the worker has no usable work skills, and is also not likely to benefit from further assistance, such as retraining. In other cases, the vocational assessment may result in a determination that the worker is "able to work". This would usually be the result of an analysis that concludes that the worker can utilize past work skills for current employment, within current physical capacities. This determination will usually result in a termination of time loss benefits.

Many workers who have not returned to work at the time their workers' compensation benefits end are eligible for unemployment insurance benefit payments. Typically, these benefits are "frozen" at the time that the workers' compensation claim is established, and can be accessed once the workers' compensation claim is closed. You may wish to refer your patient to this resource, and others, including state social and health services agencies, and community based social organizations that assist needy individuals and families.

Washington State Employment Security Department: 1-800-362-4636
www.esd.wa.gov

Washington State Department of Social and Health Services: 1-800-737-0617
www.dshs.wa.gov

Division of Vocational Rehabilitation: 1-800-637-5627
www.dshs.wa.gov/dvr/

Getting Paid for RTW Focused Services

In addition to billing for standard office visits, treatments, and reports, attending providers may bill for several return to work specific services and procedures. A list of more common ones follows. Consult L&I Publication F245-094-034, *L&I Toolkit for Providers and Billing* for more information about current billing codes, maximum allowable fees, payment policies and documentation requirements. It can be obtained online at www.Lni.wa.gov/FormPub/Detail.asp?DocID=1628.

Employer Consultations

Team Conferences:

Team conferences may be payable when the attending provider, consultant or psychologist meets with one or more of the following: An interdisciplinary team of health professionals, L&I staff, vocational providers, nurse case managers, L&I medical consultants, self-insured employers or their representatives, physical and occupational therapists and speech-language pathologists. Use the following billing codes as appropriate (note additional reimbursement requirements may exist for providers other than the attending provider, consultant, or psychologist):

Patient status	CPT® code (Physicians)	CPT® code (Nonphysicians)
Patient present	Appropriate level E&M	99366
Patient not present	99367	99368

Multiple units of 99366, 99367 and 99368 may be billed for conferences exceeding 30 minutes:

Duration of conference	Units billed
Up to 30 minutes	1 unit
Up to 60 minutes	2 units

Telephone Calls:

Telephone calls are payable to the attending provider, consultant, psychologist or other provider only when they personally participate in the call. These services are payable when discussing or coordinating care or treatment with: The worker, L&I staff, Vocational providers, Nurse case managers, Health services coordinators (COHE), L&I medical consultants, Other physicians, Other providers, Self-insured employers or their representatives.

NOTE: L&I does not adhere to the CPT® limits for telephone calls. Telephone calls are payable regardless of when the previous or next office visit occurs. ARNPs, PAs, psychologists, PTs and OTs must bill using nonphysician codes. Telephone calls for authorization, resolution of billing issues or ordering prescriptions are not payable. Use the following billing codes as appropriate:

Duration	CPT® code (Physicians)	CPT® code (Nonphysicians)
5-10 minutes	99441	98966
11-20 minutes	99442	98967
21-30 minutes	99443	98968

Review and Approval/Rejection of Job Offer (Description)

Note - working with the worker and employer to develop and refine a job description is part of care planning and would be included in establishing complexity for the level of E/M service you bill. This code applies to the review and sign-off on the formal, written job offer the employer makes to the worker.

1038M – Limit of one per day

1028M – Each additional review, up to five per worker, per day

Chapter 8

Activity Prescription Form

1073M – Limit of one billable form initiated by attending provider submitted with initial report of injury when time loss is anticipated. Additional billable only by request of insurer.

Review of Job Analysis and Job Description

1038M – Limit of one per day

1028M – Each additional review, up to five per worker, per day

Copies of Medical Records

S9982 – Billable upon request from the department, self-insured employer, or self-insured employer representative for materials not separately covered or included in documentation requirements.

Provider Mileage

1046M – Mileage, per mile, allowed when round trip exceeds 14 miles.

Detailed Occupational Disease/Work History

1055M – Billable only upon request of the insurer

A. Return To Work Resources

1. L&I Return to Work Resource Phone Numbers

B. Sample Forms and Checklists

1. Initial Visit Checklist – Points to Cover With an Injured Worker
2. Initial Employer Contact Checklist
3. Sample Employer Phone Calls
4. Example of Full & Part Time Job Descriptions from Employers
5. Sample Job Description Form

C. Sample Letters

1. Sample Job Offer Letter
2. Sample Letter to Employer to Request a Modified Job Offer
3. Sample Provider's Request to Claim Manager for RTW Assistance

D. Ergonomic Principles

Appendix A-1. State Fund Regional Return to Work Resources

Counties Typically Served	Office Location	Customer Service Specialists	Vocational Services Specialists	Therapist Consultants	Occupational Nurse Consultants	Risk Management Specialists
Snohomish & Island Counties	Everett	425-290-1300	425-290-1383	N/A		425-290-1364
		360-416-3000	360-416-3043 360-416-3028	N/A	425-290-1331	360-647-7332
Whatcom & San Juan Counties	Bellingham	360-647-7300	360-647-7337	N/A		360-647-7319
		206-835-1000	206-835-1032	425-990-1402	425-990-1471	206-835-1026
King County	Seattle	206-515-2800	206-515-2833		206-515-2812	206-515-2832
		425-990-1400	425-990-1409			425-990-1457
Pierce County	Tacoma	253-596-3800				253-596-3919
Kitsap County	Bremerton	360-415-4000	253-596-3874	N/A	253-596-3904	253-415-4011
Clallam & Jefferson Counties	Port Angeles	360-417-2700				
Grays Harbor & Mason Counties	Aberdeen	360-533-8200	360-533-8217			
		360-902-5799	360-902-4208	360-902-6768		360-902-4307 or 360-902-6316
Thurston, Lewis & Pacific Counties	Tumwater	360-575-6900	360-896-2330			360-902-5472
Wahkiakum, Cowlitz & Skamania Counties	Kelso	360-896-2300				
Clark & Klickitat Counties	Vancouver					
Okanogan County	Okanogan	509-764-6900				
Chelan & Douglas Counties	East Wenatchee	509-886-6500	509-764-6939			
		509-764-6900				
Grant & Kittitas Counties	Moses Lake			N/A		509-454-3729 or 509-576-4273
Yakima & Benton Counties	Yakima	509-454-3700			N/A	
Franklin & Adams Counties	Kennewick	509-735-0100	509-454-3780			
		509-527-4437				
Walla Walla & Columbia Counties	Walla Walla					
Lincoln & Spokane Counties	Spokane	509-324-2600				
Ferry, Stevens & Pend Oreille Counties	Colville	509-684-7417	509-324-2593	509-324-2550	509-324-2559	509-324-2546 or 509-324-2623
		509-334-5296				
Whitman, Garfield & Asotin Counties	Pullman					
Statewide – Tumwater Office						360-902-5790

Initial Visit Checklist

Points to Cover with an Injured Worker

Workers' Compensation and Return to Work discussion points

- Worker's rights and benefits when they file a claim – overview of claims process
- Differences between workers' compensation and regular health care coverage
- Importance of teamwork and communication with employer and third parties
- Importance of activity level, reactivation, return to work in recovery
- Expectations during recovery (e.g., discomfort or flare-up in returning to activity may be normal)
- Worker responsibilities (e.g., keeping appointments, following prescriptions and recommendations, effort in return to work)
- Clarify any misconceptions about job factors (e.g., modifications, time-loss)
- Strategies for working within job restrictions
- Identification of any potential barriers to recovery and strategies to overcome them (e.g., workplace factors, clinical factors, personal factors)

Activity prescription form

- If time loss is anticipated, estimate a potential date of return to work, communicate date to employer and claim manager
- Contact the employer and determine if any work restriction can be accommodated.
- Estimate what activities the worker can do and document them in the appropriate section

Patient's role

- Assure patient asks any questions
- Assure patient offers their insight and perspectives on recovery and return to work
- Expectation that work restrictions apply both on-the-job AND off-the-job
- Expectation to work with employer

Appendix B-2

Initial Employer Contact Checklist

Ask the employer to provide you with specific information:

- Worker's exact job title and a copy of the physical requirements of the job of injury:

- Confirm the best contact person at the employer for RTW: _____
- Worker's work schedule: _____
- Employer's description of accident:

If modifications may be needed:

- Let the employer know that your first preference in getting the worker back to work would be low tech, no or low cost modifications to existing work sites and tasks.

What modified return to work options are available?

- Gradually increasing hours
- Gradually increasing tasks
- Light or modified duties
- Ask the employer for a written job-specific description of any return to work possibilities they may have for the employee and to be sure to share that with the employee.
- Encourage the employer to speak with the claim manager about return to work options.

Encourage team work:

- Importance of RTW to worker's health outcome
- Remind them that they need to make a formal, written offer to the worker for return to work
- Let the employer know about resources available to help them bring a patient back to work (e.g., LEP, job mod, ERTW, Stay at Work Program, etc.)

Ensure an understanding of who will do what next:

- _____
- _____
- _____
- _____
- _____
- _____

Sample Employer Phone Calls

Sample Phone Call to Employer (Patient not present) (Pays \$130 per hour – see Chapter 8)

DOCTOR: Hello, this is Dr. (John Jones). Are you (Bob Smith)? I'm calling to answer questions you may have about one of your employees. Is this a good time to talk?

My patient (Sue Johnson) told me you are her supervisor - is that correct? As you may know, she was injured at work a few days ago. She asked me to file a claim for her, and asked me to be her Attending Doctor. I diagnosed Sue with a back strain, as you will see on the Report of Accident you will receive shortly from L&I. I estimate that she will miss about 4-5 days of work. After that she should probably return to work, but with some restrictions. I will probably recommend for at least the first two weeks at work she not lift more than 20 pounds, no more than twice per hour. I expect she should lift a maximum of 10 pounds no more than 20 times per hour. Do you think you will be able to accommodate that restriction in the same job Sue had when she was injured?

EMPLOYER: Yes, that should not be a problem. And thank you for calling - this is a big help. I do have a few other questions.....

DOCTOR: Yes, I would be happy to discuss any information from the Report of Accident and the Activity Prescription Form. What are your questions?

.....

DOCTOR: Bob, I hope this has been helpful. I will let Sue know that you and I spoke. One of the most important things we can do to prevent disability for our patients and employees is to communicate effectively with all parties. If you have other questions, the best way to schedule a time for us to connect is by What's the best way for me to reach you? Thank you for helping Sue recover from her injury and return to work!

Sample Phone Call to Employer (Patient present) (Pays \$130 per hour – see Billing chapter)

DOCTOR: Hello, this is Dr. (John Jones). Are you (Bob Smith)? I'm calling to answer questions you may have about one of your employees. Is this a good time to talk?

My patient (Sue Johnson) is here in my office right now, joining us on the speakerphone.

As you may know, Sue was injured at work a few days ago. She asked me to file a claim for her, and asked me to be her Attending Doctor. I diagnosed Sue with a back strain, as you will see on the Report of Accident you will receive shortly. I estimate that she will miss about 4-5 days of work. After that she should probably return to work, but with some restrictions. I will probably recommend that for at least the first two weeks at work she not lift more than 20 pounds, no more than twice per hour. I expect she should lift a maximum of 10 pounds no more than 20 times per hour. Do you think you will be able to accommodate that restriction in the same job Sue had when she was injured?

EMPLOYER: That may be a problem.

DOCTOR: There are many resources to help you find a solution. You and Sue might both consider contacting the Job Accommodation Network, a free service available at 1-800-526-7234.....

EMPLOYER: Thanks. I do have a few other questions.....

DOCTOR: Yes, I would be happy to discuss any information from the Report of Accident and the Activity Prescription Form. What are your questions? Sue, do you have any questions for Bob?

PATIENT: (to supervisor) Bob, when I come back to work, is it okay if I?

EMPLOYER: That's a good question. Let me check with XYZ, and I'll give you a call tomorrow.

.....

DOCTOR: Bob, I hope this has been helpful. One of the most important things we can do to prevent disability for our patients and employees is to communicate effectively with all parties. If you have other questions, the best way to schedule a time for us to connect is by What's the best way for me to reach you? Thank you for helping Sue recover from her injury and return to work!

Appendix B-4

The examples on the next two pages illustrate possible job description letters from an employer for a full duty lumber stacker’s job and a possible modified duty for a safety assistant in narrative format as opposed to a specific form. Many employers may keep job descriptions on file and can provide detailed narratives as seen in these examples. It is important to go over job descriptions with your patient and assure that all activities required in their job are reflected. Appendix B-5 includes a sample job description form that can be used with employers as needed.

Author’s Name
Author’s Address

CLAIM NUMBER
INJURY DATE
EMPLOYEE’S JOB TITLE
WORKER NAME

Mailing Date

Provider’s Name
Provider’s Address

Sample Lumber Stacker Job Description

Job Duties: Stand to side of conveyor belt and pull planed stock off line and place on carts. Band wood stacks and clean and straighten spacer sticks.

Tools and equipment: Four wheeled carts, banding tool, steel straps, planed wood stock, brooms, gloves, hardhat, and ear protection.

Frequency and duration of tasks: Conveyor belt unloading occurs 4 – 6 hours and banding wood stacks occurs up to 2 hours during 8 hour shift.

Physical demands limited to the following:

1. Constant standing to pull planed stock off conveyor.
2. Frequent lifting and carrying stock weighing up to 25 lbs. up to 5 ft. from conveyor to place on to carts.
3. Occasional lifting and carrying stock weighing 25 lbs. to 100 lbs.
4. Some twisting and crouching may be necessary to perform these duties.
5. Frequent reaching in all directions to grasp and handle stock.
6. Occasional reaching, grasping, and lifting to band wood stacks.

**No additional tasks will be required of the worker without approval of the attending provider.
Any reasonable accommodation can be considered.**

Employer’s Signature: _____ Date: _____

Work Release Date: _____

Provider Comments:

Provider’s Signature: _____ Date: _____

Provider’s printed name: _____

Seldom = up to 10%
Occasional = 10% to 30%
Frequent = 30% to 70%
Constant = over 70%

Author's Name
Author's Address

CLAIM NUMBER
INJURY DATE
EMPLOYEE'S JOB TITLE
WORKER NAME

Mailing Date

Provider's Name
Provider's Address

Transitional/Modified Job for Safety Assistant

Job Duties: Inventory safety equipment, reorganize files in office, and review current job descriptions for accuracy.

Tools and equipment: Paper files, drawers and shelves, boxes, safety-tools and equipment, clipboard, paper, pen or pencil.

Frequency and duration of tasks: Worker can set task and speed level and has the flexibility to stand at a counter or sit at a desk to do paper work.

Physical demands limited to the following:

1. Frequent lifting safety equipment weighing up to 12 lbs. to inventory and organize equipment on 6 ft. high shelves.
2. Alternate sitting and standing as needed to reorganize files in office and label folders.
3. Frequent handling and grasping of safety equipment, files, clipboard, pen and paper to inventory, organize, and record information.
4. Occasional walking, climbing, bending and stooping to review job descriptions for accuracy.

No additional demands will be required of the worker without approval of the attending provider. Any reasonable accommodation can be considered.

Employer's Signature: _____ Date: _____

Work Release Date: _____

Provider Comments:

Provider's Signature: _____ Date: _____

Provider's printed name: _____

Seldom = up to 10%
Occasional = 10% to 30%
Frequent = 30% to 70%
Constant = over 70%

Appendix B-5

Example of Job Description Form

Form available at:
www.Lni.wa.gov/Forms/pdf/252040af.pdf

Department of Labor and Industries
Vocational Services



EMPLOYER'S JOB DESCRIPTION

Job Title _____

Employer _____

Phone # _____

Claim # _____

Claimant _____

Date _____

Description completed by: _____ Title _____

Essential task description:

Machinery, tools, equipment and personal protective equipment. **(Please submit MSDS if appropriate.)**

PHYSICAL DEMANDS

N: Never (not at all)

S: Seldom (1-10% of the time)

O: Occasional (11-33% of the time)

F: Frequent (34%-66% of the time)

C: Constant (67%-100% of the time)

	Frequency	Description of Task
Sitting		
Standing		
Walking		
Driving		
Lifting ()lb.		
Carrying: ()lb.		
Pushing/Pulling: () lb.		
Climbing Stairs/Ladders		
Bending/twisting at waist		
Kneeling/squatting		
Crouching/Kneeling		
Crawling		
Reaching above shoulder		
Repetitive Motion		
Handling/Grasping		
Fine Finger Manipulation		
Talking		
Hearing		
Seeing		
Other		

FOR PHYSICIAN USE ONLY

Physician Approval No Yes Full-time Part-Time Hours _____ per week

If part-time, worker is expected to progress to full-time work by (date) _____

Date	Physician Signature	Physician Name
------	---------------------	----------------

F252-040-000 employer's job description 06-2006

Sample Letter to Employer to Request a Modified Job Offer

A letter such as this may be helpful if an employer has not followed up in writing on providing a written job offer in situations where one is appropriate. This example includes the requirement in workers' compensation law regarding a written offer and may help the employer develop one. More information about working with employers can be found in Chapter 3. Information is available for employers in the Employers Return to Work Desk Reference and online at www.Lni.wa.gov/ClaimsInsurance.

Author's Name
Author's Address

CLAIM NUMBER
INJURY DATE
WORKER NAME

Mailing Date

Employer Name, Address

RE:

Dear _____

I am caring for your employee Mr./Ms. _____ who has filed a workers' compensation claim for an injury that occurred on _____. In my experience, it is crucial for my patient's recovery that they return to normal activities, including work, as soon as possible. A transitional job allows the worker to return to work with the employer of record before permanent restrictions have been determined or the worker's condition has reached medical stability. A transitional job is also known as light-duty work.

Per our earlier communication, it is anticipated that Mr./Ms. _____ can return to modified work on _____. As you may know, RCW 51.32.090(4), requires that modified job offers be made in writing to the worker and be approved by his/her attending provider. The required elements of a valid transitional job offer include:

- The attending provider must receive a written statement describing the work the worker is expected to perform for the employer of injury; and
- The attending provider must approve in writing that the worker is physically able to perform the work described; and
- The worker must be provided a copy of the written statement describing the work the worker is expected to perform for the employer of injury; and
- Any health and welfare benefits that the worker was receiving at the time of injury shall be continued or resumed at the same level he or she had at the time of injury.

I appreciate receiving a copy of this offer to review at your earliest convenience. Please feel free to contact me if you have any questions or need to discuss specific issues related to Mr./Ms. _____ job. Enclosed are copies of any relevant work restrictions and the initial report of injury.

Sincerely,

Author's Name & Title
Author's Phone Number

Appendix C-2

Sample Provider Letter to Claim Manager for RTW Assistance

A letter such as this may be helpful to document the need for vocational assistance for your patient from a claim manager when an offer of accommodations is not made by the employer.

Author's Name
Author's Address

CLAIM NUMBER
INJURY DATE
WORKER NAME

Mailing Date
Claim Manager Name
Claim Manager, Unit XX
Labor & Industries
P.O. Box 44291
Olympia, WA 98504-4291

Dear Claim Manager:

I am treating Mr./Ms. _____ for an injury that occurred on _____ at (name of employer). Mr./Ms. _____ can return to modified work on _____ if his/her employer could develop a light duty job that allows restrictions on his activity. I have further noted the necessary restrictions in the attached chart records. These restrictions will apply until his/her next appointment on _____. If he has shown the expected improvement at that time, I plan to reduce his restrictions. If he shows continued improvement, Mr. _____ should be able to return to his normal duties on _____.

I spoke with Mr. _____'s employer about developing a light duty job that will meet the necessary restrictions. The restrictions include

- (list specific activity limitations);
- (list specific time limitations);
- (list other limitations).

The employer is unable to accommodate these restrictions at this time. In the absence of a transitional return to work, I feel that Mr./Ms. _____ could have a slower recovery from being off work for a longer period. I think Mr./Ms. _____ is a good candidate for assistance from a vocational specialist who may be able to facilitate a discussion with the employer to find a means for return to modified work. As an alternative, a referral could be made for a work hardening program.

Thank you for your attention to this matter.

Sincerely,

Author's Name, Title
Author's Phone Number

Points to Consider Regarding Lifting and Other Work Activities

Lifting:

- Plan lifting maneuvers
- Avoid slippery or cluttered areas
- Close to the body
- Between knee (preferably waist) and shoulder height
- Without bending or twisting the back
- With the chin tucked in, if lifting overhead
- With well designed, secured handles (if handles are used)

The use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security.

Pushing/pulling:

- Limited to 50 pounds (22.5 kilograms) of force at the hands

Heavy carrying:

- Dividing loads
- Use of mechanical transport devices
- Using more than one worker to move heavy loads
- Task assignment tailored to each worker and load size

Static postures:

Prolonged sitting and standing should be reduced by providing rest and exercise breaks and task rotation or variation

Sitting:

Preferred chair features:

- Height adjustable
- Adequate lumbar support
- Adjustable back tilt
- Adjustable seat tilt
- Rounded front seat edge
- Foot rest and/or adjustable arm rests may be needed for some workers

Job satisfaction:

Job stress may be reduced and job satisfaction and task enjoyment may be increased by:

- Varying repetitive or monotonous work
- Increasing workers' control over tasks
- Designing jobs so that workers see the output of their work
- Increasing workers' participation in decision making
- Matching authority and responsibility in jobs

Repetition:

Repetitive and monotonous work should be reduced whenever possible by:

- Automatic feed devices
- Task, job, or worker rotation
- Breaks and exercises to maintain alertness

Vibration:

Whole body vibration, such as that from motor vehicle and machinery operation, especially in the range of 4 to 8 cycles per second (but including 2 to 11 cycles per second), should be reduced as much as possible by:

- Mechanical damping or balancing of machinery
- Damping cushions and padding
- Automating processes

Exercise:

- Routine exercises specific to the back and neck have been shown to be a preferred and effective utility in the prevention of neck and back strain and should be part of daily work for those at risk of developing musculoskeletal complaints.

References

Walters TR, Putz Anderson V, Garg A. Applications Manual for the Revised NIOSH Lifting Equation. DHHS (NIOSH) Publication No. 94-110. Atlanta, GA: Centers for Disease Control (CDC), National Institute for Occupational Safety and Health (NIOSH). 1994.

Ergonomic Principles

Common Misconceptions about Getting Your Patient Back to Work

“I don’t have time to call the employer”

Research shows that early focus of return to work, including making needed accommodations, improves the workers’ chances of achieving a better outcome. The time you spend communicating with an employer about return to work on an accepted workers’ compensation claim is billable.

“But my patient doesn’t want to go back to work yet”

Most patients do want to get their lives back to normal as quickly as possible. Returning to work means more money in your patient’s pocket, preserving other employee benefits such as health insurance and retirement, and staying on track career wise. If impediments to return to work exist, these should be identified and addressed early. The issue at hand is not what the worker might prefer to have happen, but an objective assessment of the worker’s ability to do specific tasks. Help your patient explore their hesitancy.

“They could get reinjured”

Research suggests that inactivity and deconditioning leads to worse long term outcomes and higher disability. It is important that return to work is both appropriate and early. Attention to a patient’s capabilities, documentation of restrictions, and approval of written temporary or permanent job offers is critical.

“Employers won’t take them until they are fully recovered”

Many employers may not understand the importance of staying linked to the workplace, and remaining in optimal physical and mental condition to your patient’s recovery. They may also be unaware of the potential impacts time loss has on their workers’ compensation premiums. While it is impossible for some employers to take a worker back, this handbook reviews resources that exist to help you, your patient, and their employer in returning someone to work.

“I don’t have time to go over work restrictions in depth in the course of an office visit”

In addition to being a best practice for obtaining the best outcomes for your patient, your time spent addressing return to work is an appropriate part of the care-planning component of your evaluation and management services and can be considered (and should be documented in chart notes) in the level of service billed. Chapter 7 provides additional information for being reimbursed for providing return to work related services.

“I don’t know how to read a job analysis/job description/job modifications”

Job descriptions, modifications, offers, and analyses report specific activities and tasks workers can perform. Chapter 6 includes an overview of how to review and approve these as well as where to get additional information and assistance. If a provider receives a packet of information requiring extensive time to sort out, the provider may ask that the employer review their current needs and available tasks then resubmit for a medical opinion of work ability. Do not hesitate to call the employer to get clarification.

“I could be sued if something goes wrong”

Most injuries in the workplace can be prevented through appropriate work processes and practices. When returning an injured worker to work, it is important to be sure that both the worker and employer understand the worker’s physical capacities and work restrictions. If significant uncertainties exist, talk to the claim manager about bringing a vocational rehabilitation consultant into the case to work directly with the worker and employer.

“What resources are available to patients who do not return to work with their employer?”

If it appears that a patient cannot or does not want to return to work, a vocational assessment may be helpful. You can request a vocational assessment from the department or self-insured employer. A vocational provider will require your assistance in determining a worker’s physical capacities and reviewing job analyses. Vocational assessments determine that a worker - is eligible for assistance to become employable; - is able to work within their current skills and capacities, or - has no usable work skills.

“What resources are available to patients terminated from time loss benefits, but who have not returned to work?”

Workers who have not returned to work at the time their workers’ compensation benefits end may be eligible for unemployment insurance benefit payments. Typically, these benefits are “frozen” at the time that the workers’ compensation claim is established, and can be accessed once the workers’ compensation claim is closed. You may wish to refer your patient to this resource, and others, including state social and health services agencies, and community based social organizations that assist needy individuals and families.

*Other formats for persons with disabilities are available on request.
Call 1-800-547-8367. TDD users, call 360-902-5797.
L&I is an equal opportunity employer.*