#### Welcome to

## Best Practices for Communication with Medical Providers and Injured Workers

#### Presented by







#### **Meet Your Presenters**



Vanessa Hughes,
Director of Claims:
Workers' Compensation





Denice Loken,
Nurse Case Manager
BSN, RN, CCM, WWCP





Charlotte Smith, *Managing Attorney* 

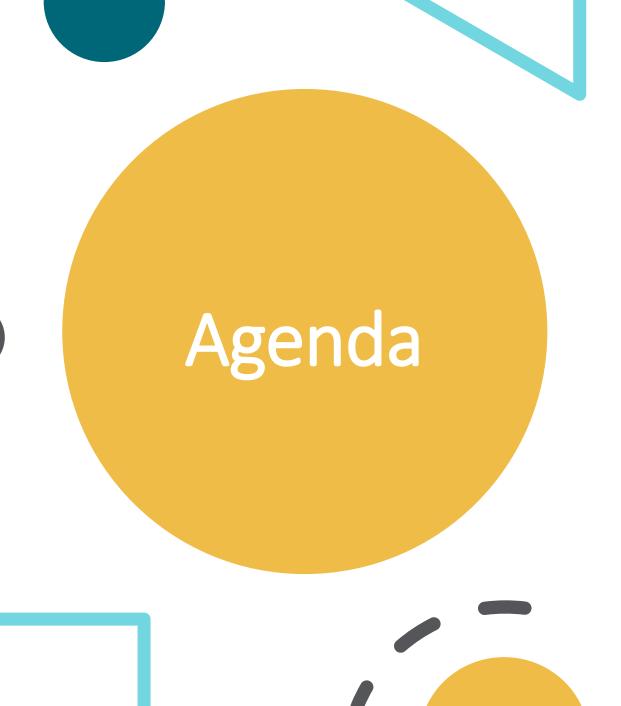






Vanessa Hughes,
Director of Claims:
Workers' Compensation

206-838-8577 vanessa.hughes@approachms.com



- Establishing a Return-to-Work
   Program with Designated Medical
   Providers
- 2. Practical Claim Guidance Following an Industrial Injury or Occupational Disease
- 3. DO's and DON'TS: Discussing
  Treatment and RTW with the Injured
  Worker and Provider
- 4. Legal Perspective
- 5. Questions

#### **Create a Return-to-Work Program**

- 1. Have a designated staff member for workers' compensation claims
- 2. Investigate the accident or occupational disease immediately

3. Answer: Who, What, When, Where, Why and How

Example" "on 8/26/21 Bob Meyers slipped on a wet surface in the warehouse and injured his tailbone."

4. Don't assume facts: things are not always as they appear, ask a lot of questions

#### **Designated Medical Providers**

- Research and interview prospective medical providers
  - Centers of Occupational Health & Education (COHE)
  - Walk-in clinics

2. Establish protocols the medical practitioner agrees to for the treatment of your employees









#### What to do After an Industrial Accident or Occupational Disease is Reported

- Initial actions and communications taken by an employer at the beginning of a claim are instrumental
  in shaping the course of events
- It is vital that employers have well-established return to work practices/protocol which can help facilitate many of the provider's tasks
- Medical review is tedious however, it is crucial to confirm treatment recommendations, confirm and question APF releases, request medical opinions needed to move claims forward







### **Injured Employee Packets**

When an injury has occurred, send you worker to a designated medical provider with an injured employee packet (link to sample packet):

- Letter notifying employee of company policies for injured employees
- Medical release form
- Injured employee responsibilities
- Explanation of RTW program for medical provider
- Job of injury JA or LD JA or task list
- Employee accident report
- Supervisor accident report
- Doctor's release for work/APF







#### Employer Instruction

This is a template for you to customize with your company's information.

- Place letter on company letterhead
- Fill in all applicable information

### Injured Employee Instructions & Packet

WA Workers' Compensation

#### What does an Employer Need (and Have the Right) to Know?

Protection of an injured worker'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.

- 1. Your worker's signature on a report of accident authorizes providers to release information to the Department of Labor and Industries and RCW 51.36.060 (refer to handouts) specifically requires a medical provider to release medical information relevant to the employer or employer representative.
- 2. Department Policy 9.20 states that all parties must facilitate prompt RTW through open communication. Department Policy 1.35 states that employers have access to claim information even without prior written authorization from the worker.

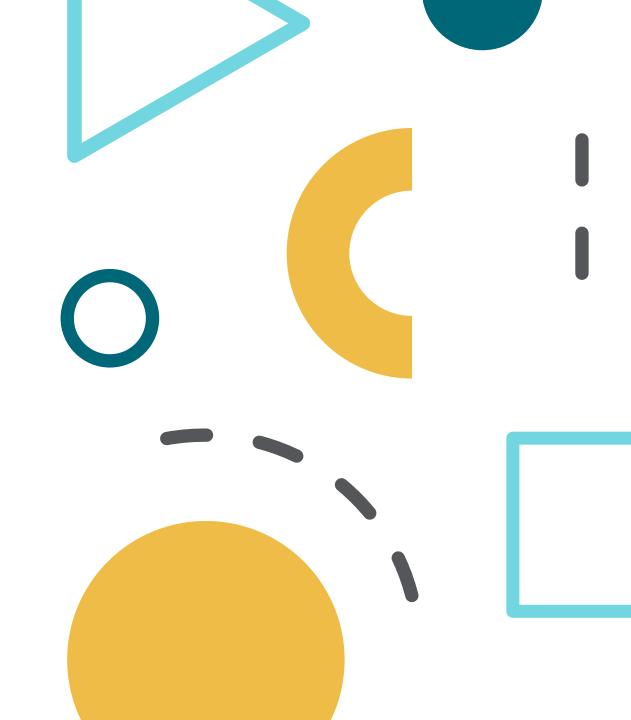






### After the Injury: Possible Outcomes

- 1. Best case scenario: Worker returns to full duty
- 2. Returns to light-duty
- 3. Kept-on-Salary/Time-Loss (off work completely)



### Will discussion of work status with a provider violate the worker's right to privacy under HIPAA?

# Common Question

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.

Employer's have the right to ask about: Diagnosis, treatment plan, work status

If you have problems getting information, fax the Medical Release Form or RCW 51.36.060 (employer's right to medical information) <a href="https://is.gd/lni.gd/lnihippa">https://is.gd/lni.gd/lnihippa</a>

#### **Activity Prescription Form**

- Generated by the attending physician
- Check for accuracy
- Work status date required
- Physical restrictions
- Follow-up visit

Download this form <a href="here">here</a>







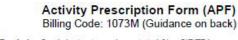
#### State Fund Claim:

Department of Labor and Industries PO Box 44291 Olympia WA 98504-4291 Fax to claim file: 360-902-4567

stries 9504-4291 the Self Incured Employer

Self-Insured Claims: Contact the Self Insured Employer (SIE)/Third Party Administrator (TPA)

For a list of SIE/TPAs, go to www.Lni.wa.gov/Selfinsured



Reminder: Send chart notes and reports to L&I or SIE/TPA as required. Complete this form only when there are changes in medical status or capacities, or change in release for work status

General	Worker's Name:				Patien	ID:	V	sit Date:	Claim Number:
Gen	Healthcare Provider	r's Nam	ne (please	print):			D	ate of Injury:	Diagnosis:
	Worker is releas (If selected, skip to			ork injury) as of (date):/					
Required: Work status	Worker may per	to modi ork limi to' ing mo	ified duty	Required: Measurable Objective Finding(s) (also referred to as Objective Medical Findings) (e.g., positive x-ray, swelling, muscle atrophy, decreased range of motion)					
	Worker not released to any work from (date):/ to*/("estimated date)  Poor prognosis for return to work at the job of injury at any date								
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ea	Climb stairs			8 8		1	- 6	- 0	
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9 9	Reach Left, Right, Both		Both	. 3			3	3	PROCESS OF THE PROCES
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Es	Wrist (flexion/extension) L, R, B								
=	Grasp (forceful) L, R, B						<u> </u>	3	
Required: E	Fine manipulation L, R, B		-		-	1	- 100	+	
- E	Operate foot controls L, R, B			8 2		1	- 8		
5 5	Vibratory tasks; high impact L, R, B Vibratory tasks; low impact L, R, B				_		3		
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	Carry L, F	R B	Ib		lbs	lbs	lbs	Ibs	Opioids prescribed for: Acute pain or
	Push / Pull L, F	R, B	lb	ıs	lbs	lbs	lbs	Ibs	Chronic pain
Required: Plans	Worker progress: Current rehab: Surgery:	PT Othe Not I	OT OT or (e.g., Act indicated ned	Ho wity Coach Po Date:	me exerc	s in chart r	notes)	Any perman If you are qu Will I Care transfe	rred to:needed with:
Reg: Sign	Copy of APF given Signature:	to work			Discussed PA-C	i three key	messages	on back of form /	with patient ( ) Phone

F242-385-000 Activity Prescription Form (APF) 10-2018

RESET

Index: APF

#### **Employer's Job Description**

- Use the Activity Prescription Form (APF) as a guideline
- Provide a mental picture of what the worker will be doing

Download this form <a href="here">here</a>







Physician billing codes for Review of Job	6	14	<b>)</b>	CALL STATE OF THE		Form
Analysis and Job Description:		( as )		Job of Injury		
1038M – Limit one per day			-	Permanent M	ndified	
1028M – Each additional review, up to 5 worker per day.	per		2000	Light Duty/Tra	7.0 (0.00)	
Worker Name:			-	Claim Numbe	2000 - 2000 - 2000 - 2000	
Company Name:				Job Title:	a	
Phone Number:				Fax Number:	*	
lours per day:				Days per We	ek:	
Essential Job Duties:						
Machinery, Tools, Equipment, and P	ers	onal Protectiv	e Equip	ment:		
Frequency Guidelines: N: Never (not at all)		Seldom (1 – 1)			Occasional (11 – 3	3% of the time)
F: Frequent (34 – 66% of the time) Physical Demands:	C:	Constant (67 - Frequency:		ption of Task	:	
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Standing	13		S.			
Walking	- 8					
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Squatting/Kneeling Crawling	- 83		6			
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Comments/Other:						
Employer Name (Please Print)			Title			
Employer Signature			Date			
	For	r Healthcare P	rovider	s' Use Only		
Approval	1 0	riculticale F		urs per Day:	Days per Week:	Effective Date
Yes No Approved with Modi			13.2			
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		150 593			99 15	

#### Valid Job Offer Letter

- Specific date
- Who to report to
- Approved job description
- Wages, hours per day, and location
- Health care benefits
- Collective bargaining agreement
- Mail regular and certified
- Send a copies to all parties

Access Letter Generator here







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Michael Taylor 1711 S Jackson St Seattle, WA, 98144

Re: Return to Work Job Offer L & I Claim No. TB5259166

Dear Michael,

I am pleased to offer you transitional/light duty employment that will accommodate your current physical capacities. Your duties are described in the attached Job Description, and are consistent with all physical limitations established by your doctor. Your doctor approved these duties on 06/11/2013. A copy has been sent to your claim manager.

You should report to work on 06/17/2013 at 1711 S Jackson St, Seattle, WA., 98144. Your supervisor will be Brian Ducey. He/She has been advised of the physical limitations established by your doctor and these job duties are based on the restrictions imposed by your doctor. Work hours are from 7:30am to 4:30pm, on Monday, Tuesday, Wednesday, Thursday and Friday, for 40 hours per week. Your wages will be \$10.00 per hour. If this is less than 95% of your regular wages, you may qualify for Loss of Earning Power benefits, ask your supervisor. It is important you schedule any medical and therapy appointments around your work schedule as you won't be compensated for time absent from work. You are also expected to comply with all company work rules and attendance policies as with all our employees.

If you experience any difficulties in the performance of your duties, you are to report them to your supervisor immediately. Our goal is to provide all employees with a safe and injury free environment. This requires that you work within all physical limitations approved by your doctor. If any employee requests that you perform a task beyond your physical capacities, you should remind that employee of your physical restrictions. If you are still requested to perform a task beyond your limitations, you are instructed not to perform that task and report immediately to your supervisor and advise him/her of the situation. Consistent with our company safety policy, you may be subject to disciplinary action for working beyond your physical limitations established by your doctor. I wish to welcome you back. Should you decide not to accept this offer of employment, please call me at 206-812-3819. If you do not call me or report to work, that will be considered as your decision to reject this offer of employment, and your time loss benefits may be affected. Please remember to bring this letter with you or return by mail with your signature.

Very truly yours,

Brian	Ducey
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Enclosed: Job Description approved by attending physician

Cc: Julie Burke Cc: Dr Kamson

	[ ]	] I re	ject	the	above	offered	position.	OF
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[ ] I accept the above offered position and am reporting to work.

Worker Signature

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#### **RTW Training & Communication**

#### Prior to the injured employee returning to work:

- Train supervisor to ensure compliance with restrictions.
- Remind supervisor to review restrictions and duties the day before light-duty work begins.



#### Once the injured employee has returned to work:

- Call or stop to see how he/she is doing.
- Periodically check with the supervisor to ensure the restrictions are being followed.
- Maintain regular contact with the employee during the time of recovery.











## Denice Loken, Nurse Case Manager BSN, RN, CCM, WWCP

NurseWorks Northwest (425) 770-9560 denice@nurseworksnw.com

#### Discussing Treatment with the Injured Worker & Provider

#### Do's:

- Acknowledge incident and validate injured worker
- Obtain the diagnosis or diagnoses/multiple injuries?
- Inquire about treatment timeline and length of recovery
- Will the worker need physical therapy, occupational therapy or other?
- Discuss the follow up schedule with the provider and set next appointment before leaving the clinic

#### Don't:

- Assume Anything- Ask!
- Don't ask questions about preexisting, non-injury related conditions unless the worker brings it up.







#### **Discussing Return-to-Work Plan**

#### Do's:

- Set expectations and tone for return to work at the first appointment
- Can the worker perform their regular job while recovering, or their regular job with a modification?
- Discuss the importance of maintaining a regular work schedule while recovering and that working while recovering leads to better outcomes

#### Don't:

- Leave the clinic without an APF!
- Leave the clinic without an approved light-duty job description!









#### **Electrician:**

- Lineman
- Bucket Lift Incident
- Lumbar/Thoracic Fractures and multiple rib fractures
- MultiCare Occupational Medicine

### **Case Studies**

#### **Builder:**

- Construction Foreman
- Pipe Incident
- Mallett Finger
- Hand Surgeon



#### **Bus Driver:**

- Driving Strain/Overuse issue
- Bilateral Epicondylitis
- Kaiser Occupational Medicine



If you have questions or would like to schedule a free consult on workers' compensation, employment law, or WISHA matters please contact our office.



### Charlotte Smith, Managing Attorney 425-800-4620, ext. 101

csmith@javelinlaw.com

Holly White
Office Manager/Paralegal
425-800-4620, ext. 107
hwhite@javelinlaw.com

# Thank You Questions?



Vanessa Hughes, Director of Claims: Workers' Compensation



Denice Loken,
Nurse Case Manager
BSN, RN, CCM, WWCP



Charlotte Smith, Managing Attorney

Access today's handouts a slide deck: <a href="https://approachms.com/assp/">https://approachms.com/assp/</a>





