

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



Agenda

1. 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

1. 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 Instructions

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

1. Place letter on company letterhead
2. 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.

Employers 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)

<https://is.gd/Ini.gd/Inihippa>

Activity Prescription Form

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

Download this form [here](#)

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



Activity Prescription Form (APF)
Billing Code: 1073M (Guidance on back)

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 info	Worker's Name:	Patient ID:	Visit Date:	Claim Number:		
	Healthcare Provider's Name (please print):		Date of Injury:	Diagnosis:		
Required: Work status	Worker is released to the job of injury (JOI) without restrictions (related to the work injury) as of (date): ____/____/____ (If selected, skip to "Plans" section below)					
	Worker may perform modified duty , if available, from (date): ____/____/____ to ____/____/____ (*estimated date) <input type="checkbox"/> If released to modified duty, may work more than normal schedule Worker may work limited hours : ____ hours/day from (date): ____/____/____ to ____/____/____ (*estimated date) Worker is working modified duty or limited hours _____			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					
Required: Estimate what the worker can do at work and at home unless released to JOI	How long do the worker's current capacities apply (estimate)? 1-10 days 11-20 days 21-30 days 30+ days permanent Capacities apply all day, every day of the week, at home as well as at work.				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: May need assistance returning to work New diagnosis: _____ Opioids prescribed for: _____ Acute pain or Chronic pain	
	Worker can: (Related to work injury) A 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					
	Perform work from ladder					
	Climb ladder					
	Climb 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 L, R, B						
Vibratory tasks; low impact L, R, B						
Lifting / Pushing						
Example						
Lift L, R, B						
Carry L, R, B						
Push / Pull L, R, B						
Required: Plans	Worker progress: As expected / better than expected Slower than expected (address in chart notes)		Next scheduled visit in: ____ days ____ weeks or Date: ____/____/____ 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			
	Current rehab: PT OT Home exercise Other (e.g., Activity Coaching) _____ Not Indicated Possible		Care transferred to: _____ Consultation needed with: _____ Study pending: _____			
	Surgery: Planned Date: ____/____/____ Completed Date: ____/____/____					
Reg: Sign	Copy of APF given to worker Discussed three key messages on back of form with patient					
	Signature: _____ Date: ____/____/____ () Phone: _____ Doctor ARNP PA-C					

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 [here](#)

Department of Labor and Industries



Employer's Job Description Form

Physician billing codes for Review of Job Analysis and Job Description:

1038M – Limit one per day

1028M – Each additional review, up to 5 per worker per day.

- ☐ Job of Injury
☐ Permanent Modified
☐ Light Duty/Transitional

Worker Name:	Claim Number:
Company Name:	Job Title:
Phone Number:	Fax Number:
Hours per day:	Days per Week:

Essential Job Duties:

Machinery, Tools, Equipment, and Personal Protective Equipment:

Frequency Guidelines:

N: Never (not at all)

F: Frequent (34 – 66% of the time)

S: Seldom (1 – 10% of the time)

C: Constant (67 – 100% of the time)

O: Occasional (11 – 33% of the time)

Physical Demands:	Frequency:	Description of Task:
Sitting		
Standing		
Walking		
Heights/Ladders/Stairs		
Twisting at the Waist		
Bending/Stooping		
Squatting/Kneeling		
Crawling		
Reaching Out		
Talking/Hearing/Seeing	L R B	
Working Above Shoulders	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Handling/Grasping	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Fine Finger Manipulation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Foot Controls	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Driving	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Repetitive Motion	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Vibratory Tasks	H <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Lifting () lbs.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Carrying () lbs.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Pushing/Pulling () lbs.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Comments/Other:		

Employer Name (Please Print)

Title

Employer Signature

Date

For Healthcare Providers' Use Only

Approval Hours per Day: Days per Week: Effective Date:

☐ Yes ☐ No ☐ Approved with Modifications

If no, please list the objective medical finding:

If approved with modifications, describe the modifications needed:

Healthcare Provider Printed Name

Healthcare Provider's Signature

Date

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](#)

June 10, 2013

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

Enclosed: Job Description approved by attending physician

Cc: Julie Burke

Cc: Dr Kamson

☐ I reject the above offered position. OR

☐ I accept the above offered position and am reporting to work.

Worker Signature

Date

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 pre-existing, 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!



Case Studies

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





Case Studies

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: <https://approachms.com/assp/>