

Return to Work

A practical guide for
employers and employees



TexasMutual[®]
Insurance Company

Return-to-Work Makes Sense

At Texas Mutual Insurance Company, we work hard to help employers maintain a safe work place, but we know that no business is immune to on-the-job injuries. When an employee is injured on the job, your first responsibility is to get him or her prompt medical care. But don't stop there. Texas Mutual encourages employers to do their part to help injured employees get well and return to work.

What's in it for employers?

- Maintain production by keeping experienced workers on the job.
- Avoid paying overtime, finding temporary help or hiring someone new. Studies show that the cost of replacing experienced workers is between 50 percent and 150 percent of their salaries.
- Control workers' compensation claim costs.

What's in it for injured workers?

- Steer clear of the stress and depression that often come with being unable to work.
- Retain their job skills, company benefits and seniority.
- Maintain their pre-injury income. Remember, workers' compensation benefits pay only a portion of the injured employee's salary.
- Avoid the disability mindset: "I'm injured, and I cannot work."

Texas Mutual developed this kit to help employers create a return-to-work process from the ground up or improve an existing process. It's filled with sample documents, materials and tools that you can adapt to fit your company's needs.

If you have questions, call us at (800) 859-5995. If you are preparing documents that may have legal implications, please consult your company's legal counsel. If you suspect fraud, tell the workers' compensation specialist assigned to the claim about your concerns. You may also call our Special Investigations Department at (800) 488-4488.

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Section I

Put It in Writing

The first step is to not only to write a return-to-work process but also communicate it to every employee.

1. Write a policy statement that:
 - confirms your commitment to the return-to-work process
 - explains your company’s return-to-work philosophy
 - stresses the importance of safe operations, immediate medical care, and returning injured employees to work
2. Write procedures that explain the steps your employees, supervisors and return-to-work coordinator will take from the time an employee is injured until after the employee returns to work.
3. Write a statement that explains the responsibilities of the injured employee, the supervisor, the health care provider, your return-to-work coordinator, and your insurance company. Everyone must know what is expected of him or her.
4. Involve employees in the development of your return-to-work process, and seek their support in making it work.

More info

On the following pages, we’ve provided samples and a “how to” guide to help you.

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Sample Policy Statement for the Return-to-Work Process

(Company name) is committed to providing a safe and healthy workplace for our employees. Preventing injuries and illnesses is our primary objective.

If an employee is injured, we will use our return-to-work process to provide assistance. We will get immediate, appropriate medical attention for employees who are injured on the job, and we will attempt to create opportunities for them to return to safe, productive work as soon as medically reasonable.

Our ultimate goal is to return injured employees to their original jobs. If an injured employee is unable to perform all the tasks of the original job, we will make every effort to provide alternative productive work that meets the injured employee's capabilities.

The support and participation of management and all employees are essential for the success of our return-to-work process.

President/CEO

Muestra de una Declaración Político del Proceso de Regreso al Trabajo

(Company name) se compromete a proporcionar un lugar de trabajo seguro y saludable para nuestros empleados. Nuestro objetivo principal es prevenir heridas y enfermedades.

Si un empleado se lastima, usaremos nuestro proceso de regreso al trabajo para proporcionar ayuda. Proporcionaremos atención médica apropiada inmediatamente para los empleados que se lastimen en el trabajo y crearemos oportunidades para que regresen a un trabajo seguro y productivo lo más pronto razonable.

Nuestra meta principal es regresar a los empleados lastimados a sus trabajos originales. Si un empleado es incapaz de realizar todas las tareas de su trabajo original, haremos todo lo posible por proporcionar un trabajo alternativo que vaya de acuerdo con las capacidades del empleado lastimado.

El apoyo y participación de la gerencia y de todos los empleados es esencial para el éxito de nuestro proceso de regreso al trabajo.

Presidente

Sample Procedures for the Return-to-Work Process

Follow these procedures when an employee is injured on the job:

1. Get prompt medical attention for the injured employee if necessary.
2. An employee who is injured must immediately report the injury or incident to a supervisor or an appropriate person in management.
3. The supervisor or return-to-work coordinator is responsible for:
 - following our requirements for reporting injuries and illnesses
 - completing an incident investigation record for every report of injury, whether or not medical attention is needed
 - making a report to OSHA (when required for serious incidents) and keeping an OSHA log (if required)
4. If the injured employee needs medical attention, the supervisor should go with the employee to the doctor or other medical provider. Whenever possible, the employee or supervisor should provide the doctor with the injured employee's job description (see page 43), essential job elements, and an introductory letter explaining your return-to-work process. The supervisor can also ask to speak to the doctor after the visit. If you have a *Texas Mutual*[®] policy that includes the network option, your injured workers must be treated by a network doctor. There are certain exceptions to this rule, including emergency situations. See the Health Care Network section at **texasmutual.com** for more information.
5. If the doctor restricts the employee from work, a contact person (the supervisor or return-to-work coordinator) should communicate regularly with the employee and treating doctor. The contact person should talk with the employee on the day of the injury and once a week until the employee returns to work. The contact person should check with the treating doctor whenever the employee has a follow-up visit.
6. When the treating doctor releases the employee to modified duty, the supervisor should attempt to develop an alternative assignment. Every assignment must meet the doctor's restrictions as specified on Form DWC-73 (see page 41, **THE EMPLOYER SHOULD MAKE EVERY EFFORT TO DEVELOP ALTERNATIVE PRODUCTIVE WORK.**
7. The supervisor must keep a copy of the DWC-73 each time the doctor completes one. The Texas Department of Insurance, Division of Workers' Compensation (DWC) requires the doctor to complete a DWC-73 when the injured workers' work status changes, or upon the employer's or carrier's request, but not more than once every two weeks. The employer must give the doctor a copy of the employee's job description when requesting a DWC-73.
8. The supervisor must follow up with the employee on a regular basis after the employee returns to work.

Sample Statement of Responsibilities

Employee responsibilities:

- Make sure you understand your company's procedure for reporting injuries.
- If you are injured, tell your doctor that alternative work is available. Your supervisor may ask you to take a letter to your doctor explaining your company's return-to-work process.
- If a doctor restricts you from working, call your employer once a week to let them know how you are doing.
- If a doctor releases you to work, return to work on the next scheduled shift.
- If a doctor gives you medical restrictions for a modified duty assignment, follow the doctor's orders.
- If your employer has a *Texas Mutual*[®] policy that includes the network option, you must be treated by a network doctor. There are certain exceptions, including emergency situations. Visit the Health Care Network section at texasmutual.com for more information.

Supervisor responsibilities:

- Train employees on proper reporting of incidents and injuries, as well as return-to-work procedures.
- Go with the injured employee to the doctor. Tell the doctor about your company's return-to-work process, and provide the doctor with an explanatory letter.
- Contact the injured employee once a week, and make sure all necessary forms are completed and returned.
- Express concern for the employee's health and recovery.
- Provide information to your company's return-to-work coordinator.
- Help create modified duty assignments that are meaningful.
- Make sure the injured employee follows the doctor's restrictions as specified in Form DWC-73.
- Use Form DWC-74 to describe the injured worker's duties to the doctor.
- Check the employee's condition regularly to help get the employee back to the original job.

Health care provider responsibilities:

- Provide immediate and appropriate medical care to the injured employee.
- Assess the injured employee's abilities, and become familiar with operations at the employee's workplace.
- Provide information regarding the injured employee's physical restrictions and work capabilities on Form DWC-73.
- Ask the employer to complete Form DWC-74, which describes the injured worker's job duties.

Return-to-work coordinator responsibilities:

- Act as the employer's representative.
- Maintain contact with the health care provider, Texas Mutual Insurance Company, the injured employee, and the employee's supervisor.

- Develop and maintain recordkeeping and reporting systems for incidents and injuries.

Texas Mutual's responsibilities:

- Assign a workers' comp specialist to make a "three-point" contact with the injured employee, doctor and employer.
- Provide workers' comp benefits to the injured employee.
- Provide information about the return-to-work process.

Muestra de una Declaración de Responsabilidades

Responsabilidades del empleado:

- Asegúrese de entender cómo reportar un accidente que pase en su compañía.
- Si sufre una herida, informe a su doctor que un trabajo alternativo está disponible para usted.
- Su supervisor puede pedirle a usted que proporcione una carta del trabajo a su doctor. La carta explicará el proceso de regreso al trabajo de su compañía.
- Si el doctor le prohíbe trabajar, informe al trabajo cada semana sobre su condición.
- Si su doctor le permite regresar al trabajo, hágalo el siguiente turno programado.
- Si el doctor le da restricciones medicas para modificacion de tareas, sigalas.
- Si su empleador obtiene una polisa con Texas Mutual que incluya la opción de la red, usted unicamente puede obtener tratamiento médico con un doctor de la red. Ahi ciertas excepciones: el incluir situaciones de emergencia. Para mas información visita nuestra pagina de internet www.texasmutual.com seccion de Health Care Network.

Responsabilidades del supervisor:

- Capacite a los empleados en reportar los incidentes y en el regreso al trabajo.
- Acuda con el empleado al doctor. Informe al doctor sobre el proceso de regreso al trabajo de su compañía y proporcione al doctor una carta con una explicación.
- Comuníquese con el empleado cada semana y asegúrese de que todos los formularios necesarios sean llenados y entregados.
- Demuestre su interés por la salud y recuperación del empleado.
- Proporcione información a su coordinador de regreso al trabajo.
- Ayude a crear tareas para el trabajo alternativo que sean productivas.
- Asegúrese de que el empleado lastimado cumpla con las restricciones del doctor.
- Revise la condición del empleado regularmente para que regrese a su trabajo original.

Responsabilidades del proveedor de cuidados de salud:

- Proporcione cuidados médicos inmediatos y apropiados al empleado lastimado.
- Evalúe las habilidades del empleado herido.
- Proporcione informacion sobre el capacidad fisica del empleado y habilidad para trabajar en Form DWC-73.
- Conozca las operaciones en el lugar de trabajo del empleado.

Responsabilidades del coordinador del regreso al trabajo:

- Actúe como el representante de la compañía.
- Mantenga contacto con el doctor, Texas Mutual Insurance Company, el empleado, y su supervisor.
- Desarrolle y mantenga los records y sistemas de reportes de accidentes y heridas.

Responsabilidades de Texas Mutual Insurance Company:

- Designar un especialista de beneficios para mantener un contacto “de tres puntos” con el empleado, el doctor y la compañía.
- Proporcione beneficios de compensación al trabajador al empleado herido.
- Proporcione información acerca del proceso de regreso al trabajo.

How to Communicate the Return-to-Work Process to Employees

For your return-to-work process to be effective, workers must understand your procedures and be willing to follow them. Here are ideas for successfully communicating the process to employees.

1. Put up posters showing your return-to-work policy statement. Make sure employees have access to return-to-work procedures and the statement of responsibilities.
2. Introduce a new or revised return-to-work process at safety meetings. Here is a sample agenda:
 - a. Show a video on the return-to-work process (available from our video library).
 - b. Invite a member of management to read your return-to-work policy statement.
 - c. Review and discuss your return-to-work procedures.
 - d. Review and discuss the employee and supervisor responsibilities shown on your statement of responsibilities.
 - e. Explain why supervisors are creating task assessments and identifying modified duty work.
 - f. Wrap up with a question and answer session.
3. Educate employees about your return-to-work process at new-employee orientation and safety training sessions. Explain the purpose of modified duty assignments and their benefits.
4. Remind employees about the return-to-work process by offering information in company newsletters, payroll envelopes and your company's information center.

Section II

Assess Job Tasks

Task assessments describe the jobs at your company. Write down the separate activities or tasks that make up each job. Include the physical demands and environmental conditions.

You'll need these assessments to create modified duty assignments (described in the next section) for injured employees who are returning to work. When possible, assess job tasks and create modified duty assignments before you need them.

The reason for taking this proactive approach is simple: You can prevent workplace injuries by identifying unsafe aspects of a job and modifying them before an employee gets hurt.

More info

On the following pages, we've provided forms that you can use to inventory tasks and assess physical demands, along with explanations of how to use the forms. We've also provided information on redesigning tasks and writing job descriptions.

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How to Use the Task Inventory

The objective of a task inventory is to list the tasks necessary to perform a job. Most jobs have multiple tasks. This inventory asks you to list each task separately and show the specific actions or steps required to complete the task.

Follow these steps for completing a task inventory:

1. Use these definitions to fill out the top of the form.

Job title: Title of the job being observed.

Analyst: Name of the person completing the task inventory.

Re: Purpose of the task inventory. The purpose may be to identify alternative productive work or to identify areas where safety may be improved.

Date: Date the form is completed.

2. Observe the job and break it down into specific tasks. List each task separately, and then write down the following information about the task.

Percent of time: Determine the percent of time spent on each task during the entire workday. List the percent of time each task takes. Percentages for the tasks listed must add up to 100 percent.

Task description and steps: Write a short summary (one to two sentences) for each task. Then observe the task and write down the specific steps (actions or activities) as they occur from start to finish for each task.

EXAMPLE

You are analyzing the job of a cashier at a fast food restaurant. This job breaks down into two tasks for the entire shift. The first task description is “takes customer orders for food and drink.” The second task description is “fixes drinks for customers.” The cashier spends 55 percent of the time taking orders and 45 percent of the time fixing drinks (almost every order has a drink).

Each task breaks down into steps. For instance, the steps for the first task (taking orders) are “greet the customer, answer questions, listen to the order, enter the cost for each item into the cash register, take money, give back change and a receipt, and give the order to the cook.” The steps for fixing drinks are “take a cup out of the cup holder, fill the cup with ice and a drink, put a lid on the cup, and hand the drink to the customer.”

How to Use the Physical Demands Task Assessment

There are many types of assessment and analysis tools. This assessment asks you to describe a task in terms of its physical demands and environmental conditions.

Follow these steps for completing the assessment:

1. Use these definitions to fill out the top of the form.

Task title: Name of the task being assessed.

Date: Date the form is completed.

Analyst: Name of the person making the assessment.

Task duration: Number of hours the employee spends doing this task during one day.

With breaks: Whether the employee doing the task takes breaks.

Overtime: Average number of hours of overtime the employee typically works.

Task description: A brief description of the task. (Use the task inventory form to list the steps of each task.)

2. Fill in Sections 1 through 5, and make any additional comments.

Section 1: Postures

Observe the employee's postures (standing, sitting, walking or driving) during the task. First, circle the number of hours the employee stays in a posture without changing. Second, circle the total (or cumulative) number of hours that the employee is in a posture while doing this task throughout the day.

Section 2: Lifting and carrying

Observe any manual lifting and carrying during the task. For each category of weight, mark how frequently the employee must lift or carry the weight. If the employee never lifts this amount of weight, mark "0 percent." If the employee lifts this weight less than one third of the day, mark "occasionally," between one third and two thirds of the day, mark "frequently," and more than two thirds, mark "constantly." For each weight, say how high the employee must lift the load (example: from the floor to waist height, about three feet) and how far he or she carries the weight (example: from the dock to the processing table, about 20 feet).

Section 3: Actions and motions

Observe the different actions and motions during the task. Write a description that explains why the employee must take the action or motion (example: pushes mail cart across room). Show the total amount of time during the day the employee does each action or motion using these definitions.

Pushing Moving an object away from you, including kicking, slapping, pressing and striking an object.

Example: Pushing a dolly.

Pulling Moving an object toward you, including jerking or sliding an object.

Example: Dragging a box across the floor toward you.

Climbing Using your legs, arms, hands or feet to move up or down structures, such as stairs, ladders, scaffolds and ramps.

	<i>Example:</i> Climbing a telephone pole to repair wires.
Balancing	Moving in a manner that requires you to keep from falling because of unstable, slippery or moving surfaces, or narrow spaces. <i>Example:</i> Replacing shingles on a steep roof.
Bending	Using your back and legs to bend forward and downward. <i>Example:</i> Leaning over a car engine to do repairs.
Twisting	Rotating your upper body in a different direction than your lower body. <i>Example:</i> Reaching behind you to pick up parts while you remain seated at a machine.
Squatting	Lowering your body by bending at the knees. <i>Example:</i> Checking the air pressure in a car's tires.
Crawling	Moving forward while on your hands and knees. <i>Example:</i> Entering a crawl space to get to plumbing.
Kneeling	Lowering your body onto one knee or both knees. <i>Example:</i> Kneeling on one knee to remove a flat tire from a car.
Reaching	Moving your hands and arms toward an object at arm's length in any direction from your body. <i>Example:</i> Reaching upward to change an overhead light bulb.
Handling	Using your hands to hold, grasp, grip or turn an object. <i>Example:</i> Holding a drill while drilling holes.
Fingering	Using your fingers to pinch, pick or manipulate objects, especially small ones. <i>Example:</i> Picking up nuts and placing them on bolts.
Feeling	Using your hands and fingers to perceive the shape, size, temperature or other characteristic of an object. <i>Example:</i> Laying your hand on the hood of a car to check for heat.
Repetitive	Using your feet or hands continuously in the same motion or motions. <i>Example:</i> Typing at a computer or using a foot pedal on a sewing machine.

Section 4: Equipment

Observe any equipment, tools or machinery the employee uses during the task. Describe the name or type of each tool, piece of equipment or machine. Mark how often it is used: never, occasionally, frequently or constantly. Note any other information about the physical demands of operating the equipment

Section 5: Environmental conditions

Observe the environmental conditions the employee is exposed to during the task, such as vibration, noise, heat or cold. Describe the specific type of environmental condition, and then list the frequency of exposure: never, occasionally, frequently or constantly. Note any other information about the physical demands of working in this environmental condition.

Comment Section

Write any other information that you observe about the physical demands of the task.

Please photocopy this blank form.

Physical Demands Task Assessment

Task title: _____ Date: _____

Analyst: _____

Task duration (hours/day): _____

With breaks: Yes / No Overtime (avg. hours/week): _____

Task description

Postures	Hours at one time	Total hours per day
Stand		
Sit		
Walk		
Drive		

Lift/carry	None 0%	Occasional 0-33%	Frequent 34-66%	Constant 67-100%	Height of lift	Distance of carry
1-10 lbs						
11-20 lbs						
21-50 lbs						
51-100 lbs						
100 lbs						

Actions, motions	None 0%	Occasional 0-33%	Frequent 34-66%	Constant 67-100%	Description
Pushing					
Pulling					
Climbing					
Balancing					
Bending					
Twisting					
Squatting					
Crawling					
Kneeling					
Reaching					
Handling					
Fingering					
Repetitive hand motion					
Repetitive foot motion					

Equipment used	None 0%	Occasional 0-33%	Frequent 34-66%	Constant 67-100%	Description
Tools					
Machinery					
Equipment					

Environmental conditions	None 0%	Occasional 0-33%	Frequent 34-66%	Constant 67-100%	Description
Vibration					
Noise					
Extreme heat					
Extreme cold					
Wet/humid					
Moving parts					
Chemicals					
Electricity					
Radiation					
Other					

Comments: _____

Principles of Task Redesign

When you identify unsafe aspects of a job task, it's time to redesign the task so you can prevent injuries or re-injuries. Solutions are often simple and cheap. Here is a list of key principles to follow when redesigning a task.

Minimize significant body motions

Minimize bending motions:

- Use lift tables, work dispensers, and similar mechanical aids.
- Raise the work level to an appropriate height.
- Lower the worker.
- Provide all materials at work level.
- Keep materials at work level. (For example, don't lower anything to the floor that must be lifted later.)

Reduce twisting motions:

- Provide all materials and tools in front of the worker.
- Use conveyors, chutes, slides or turntables to change the direction of material flow.
- Provide adjustable swivel chairs for seated workers.
- Provide sufficient work space for the whole body to turn.
- Improve the layout of the work area.

Reduce reaching-out motions:

- Provide tools and machine controls close to the worker to get rid of horizontal reaches over 16 inches.
- Place materials, work pieces, and other heavy objects as near to the worker as possible.
- Reduce the size of cartons or pallets the worker loads, or allow the worker to walk around them or rotate them.
- Reduce the size of the object the worker handles.
- Allow the worker to keep the object close to his or her body.

Reduce lifting and lowering

Reduce the need to lift or lower:

- Use lift tables, lift trucks, cranes, hoists, balancers, drum and barrel dumpers, work dispensers, elevating conveyors, and similar mechanical aids.
- Raise the work level.
- Lower the worker.
- Use gravity dumps and chutes.

Reduce the weight of the object:

- Reduce the size of the object (specify size to suppliers).
- Reduce the capacity of the containers.
- Reduce the weight of the container itself.
- Reduce the load in the container.
- Reduce the number of objects lifted or lowered at one time.

Reduce the hand distance:

- Change the shape of the object.
- Provide grips or handles.
- Provide better access to object.
- Improve layout of the work area.

Reduce pushing and pulling

Eliminate the need to push or pull:

- Use powered conveyors.
- Use powered trucks.
- Use slides and chutes.

Reduce the required force:

- Reduce the weight of the load.
- Use non-powered conveyors, air bearings, ball caster tables, monorails, and similar aids.
- Use four-wheel hand trucks and dollies with large diameter casters and good bearings.
- Provide good maintenance of hand trucks, floor surfaces, and other work surfaces.
- Treat surfaces to reduce friction.
- Use air cylinder pushers or pullers.

Reduce the distance of the push or pull:

- Improve the layout of the work area.
- Relocate production or storage area.

Reduce carrying

Eliminate the need to carry by converting to pushing or pulling:

- Use conveyors, air bearings, ball caster tables, slides, chutes, and similar aids.
- Use lift trucks, two-wheel or four-wheel hand trucks, dollies, and similar aids.

Reduce the weight of the object:

- Reduce the size of the object (specify size to suppliers).
- Reduce the capacity of containers.
- Reduce the weight of the container itself.
- Reduce the load in the container.
- Reduce the number of objects lifted or lowered at one time.

Reduce the carrying distance:

- Improve the layout of the work area.
- Relocate production or storage areas.

Job Description Guide

To write a job description, list the information requested for each section using the guidelines provided.

Section	Guidelines
Job title	<ul style="list-style-type: none"> • Provide the title and the location of the job, if appropriate.
Purpose of job	<ul style="list-style-type: none"> • Focus on outcomes of the job rather than processes. • List required expectations and special requirements. • List shift or hours worked, full or part time.
Education, work experience	<ul style="list-style-type: none"> • Describe required or desired licenses, certifications, number of years' experience, training, and other qualifications.
Skill requirements	<ul style="list-style-type: none"> • Relate all pertinent skill requirements to job functions when possible.
Job functions	<p>Answer these questions when describing essential and marginal job functions:</p> <ul style="list-style-type: none"> • Does the job exist to perform this function? • Would removing this task fundamentally change the job?
Job duties	<ul style="list-style-type: none"> • Be as specific as possible. • State how frequently a task is performed and what equipment, tools and materials are used.
Physical demands	<ul style="list-style-type: none"> • Be very specific. Use measurements, frequency and duration. • Describe body position, required exertion, and parts of the body used. • Give hours per day spent performing each function.
Environmental conditions	<ul style="list-style-type: none"> • Describe temperature, hazards and other conditions.

Section III

Identify Modified Duty

Modified duty lets you match job tasks to the capabilities of injured workers. But how do you find these assignments? Ask your employees and their supervisors. They know their jobs best, and they can be an excellent resource.

Keep the employee’s doctor informed as you create a modified duty assignment to make sure it meets with the doctor’s medical restrictions. Fill out a modified duty agreement form to ensure the injured employee and the supervisor understand the employee’s capabilities and medical restrictions.

Texas law requires employers to report whether they offer modified duty opportunities for injured employees. Upon request, an employer must share this information with the injured worker, the treating doctor and the workers’ compensation insurance carrier.

More information

On the following pages, we’ve provided samples that you can use to identify and assign modified duty work.

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How to Identify Modified Duty

Employers use modified assignments to bring injured employees back to the workplace as soon as medically reasonable. In most cases, workers won't be able to return to their original jobs while recovering from an injury. Bring them back to work by modifying their duties or developing an entirely new assignment. Here are some helpful tips.

Before an injury occurs

1. Identify possible tasks for modified duty work assignments. Ask employees and supervisors to help you brainstorm about everyday tasks, as well as new tasks that could be done by an injured employee. Suitable tasks usually are not physically demanding, and they should be safe, meaningful and productive. To get started, ask:
 - What tasks are not being performed now?
 - What tasks are performed occasionally?
 - What tasks could an injured employee do that would free other employees to do their jobs more efficiently?
2. Organize information about these tasks. Do a task analysis to identify physical demands and other conditions (helpful information is provided in this kit). If possible, make a short videotape of the tasks. Keep the task analyses and videotapes in an accessible area.
3. Keep job descriptions up to date and accurate. Write a job description for every job at your company. If an employee is injured, you'll already have the information you need about the employee's original job assignment.

After an injury occurs

1. Tell the doctor that your company has a return-to-work process. Give the doctor a job description (see page 43, a task analysis of the employee's original job, and information about possible modified duty work. Ask the doctor the following questions:
 - Can the injured employee return to the original tasks with no changes?
 - Can the injured employee return to the original tasks under special conditions, such as working for reduced hours or using modified equipment?
 - Can the injured employee do alternative productive work?
2. The doctor must complete Form DWC-73, which lists the employee's medical restrictions and current capabilities. The doctor must approve all modified duty assignments and any changes to the job duties.
3. Have the return-to-work coordinator, the employee and the employee's supervisor sign a modified duty work agreement. This agreement describes the new work duties, start and end dates for the duties, and medical restrictions. The agreement states that the injured employee will not work or be asked to work outside of medical restrictions.
4. Continually monitor the employee's progress. Talk with the employee regularly, and discuss any concerns. Make sure the doctor agrees to any changes in the modified duty.
5. When the employee reaches the end date for the agreement, discuss the employee's medical status and the success of the assignment. If the doctor gives the employee a full release to work, the employee can go back to the original job. If the doctor

continues the employee's medical restrictions, evaluate continuing alternative productive work.

Troubleshooting

Q. What if I bring an injured employee back to modified duty and the employee is re-injured on the job?

A. There is no guarantee that an employee will not be re-injured. In some circumstances, a re-injury may be considered a new claim. The treating doctor should always approve modified duty, which will reduce the risk of re-injury.

Q. What if an injured employee on modified duty is constantly late to work, does not carry out assigned tasks, and often has unexcused absences?

A. If you have company rules for all employees, the same rules apply to injured employees. Follow your existing disciplinary process. However, if the employee has not reached maximum medical improvement, and you send the employee home without pay, Texas Mutual Insurance Company will pay temporary income benefits. If there is a signed bona fide offer (see Section V) on file and the employee is not missing work due to his or her compensable injury, the employee is not eligible for compensation from the carrier or the employer. Notify the handling adjuster timely so income benefits may be disputed if necessary.

Sample Modified Duty Work Agreement

Employee's name: _____ Department: _____

Employee's title: _____ Date: _____

My work duties are changed from _____ (date) until _____ (date).

I am assigned to modified work duties or limited duties. My new work duties are listed below.

The duties above have been described to my doctor. My doctor has signed Form DWC-73 stating that I may do these activities under the following medical restrictions.

I agree to do the above work duties and follow my doctor's medical restrictions. If I ignore my medical restrictions, I understand that my employer may take disciplinary action.

If a supervisor or anyone else asks me to do work assignments or activities that don't follow my medical restrictions, I must immediately report the situation to

(name of return-to-work coordinator), who will take action to correct the situation.

If I think my new work duties are causing discomfort or making my medical condition worse, I will report this immediately to _____ (name of return-to-work coordinator).

Employee signature: _____ Date: _____

Supervisor signature: _____ Date: _____

Return-to-work coordinator signature: _____ Date: _____

Muestra de un Acuerdo de Trabajo Alternativo (Sample Modified Duty Work Agreement)

Nombre del empleado: _____ Departamento: _____
Puesto del empleado: _____ Fecha: _____
Mis deberes de trabajo han cambiado de _____ (fecha) al _____ (fecha).

Estoy asignado a los deberes de trabajo alternativos o limitados. Mis deberes de trabajo nuevos están listados en la parte inferior.

Los deberes descritos en la parte superior han sido explicados a mi doctor. Mi doctor ha firmado una Form DWC-73 estableciendo que yo puedo realizar estas actividades bajo las siguientes restricciones médicas.

Acepto los deberes de trabajo listados en la parte superior y seguir las restricciones del doctor. Si ignoro mis restricciones médicas, entiendo que la compañía para la que trabajo puede tomar acciones disciplinarias.

Si un supervisor o cualquier otra persona me pide que haga tareas o actividades que no cumplan con mis restricciones médicas, debo reportar la situación inmediatamente a _____ (nombre del coordinador del regreso al trabajo), quien corregirá la situación.

Si pienso que mis nuevos deberes de trabajo están causando incomodidad o están empeorando mi condición médica, lo reportaré inmediatamente a _____ (nombre del coordinador del regreso al trabajo).

Firma del empleado: _____ Fecha: _____
Firma del supervisor: _____ Fecha: _____
Firma del coordinador del regreso al trabajo: _____ Fecha: _____

Examples of Reasonable Accommodation for Injuries

Often, a reasonable accommodation allows an injured employee to return to modified productive work. A reasonable accommodation is a modification or adjustment to a job, the work environment, or the way things usually are done that enables a person to work.

The injury	The accommodation
A receptionist with limited use of her hands had difficulty reaching across her desk.	A “lazy Susan” file holder on her desk allows her to do the same work she did before her injury.
A software engineer with a severe spinal injury could not use an ordinary computer keyboard.	A special keyboard allows the engineer to enter data using a mouth stick and perform all his job duties.
A logger lost two fingers on his dominant hand.	A glove with a built-in wrist support enables him to use his chain saw and keep his original job.
A furnace charger lost a hand.	Buttons on the furnace charge box, which normally require two hands to operate, were adapted to one-hand use by an orthopedic appliance manufacturer. The furnace charger returned to work.
A fabricator with a back injury had difficulty handling materials.	An adjustable height table makes work easier and enables the worker to continue the job.
A district sales agent had a back injury.	A special chair relieved back pain and allowed the agent to sit comfortably while doing desk work.

Source: Job Accommodation Network

Section IV

Communicate with the Doctor and Employee

Texas law requires employers to report whether they offer modified duty opportunities for injured workers. Upon request, an employer must share this information with the injured worker, the treating doctor and the workers' compensation insurance carrier.

Communication is vital to the return-to-work process. Maintain regular contact with the treating doctor and the injured employee. Have the employee's supervisor send a letter to the doctor explaining your company's return-to-work process. Have the employee sign a release so the doctor can discuss work-related medical information with your company.

The supervisor should accompany the injured employee on his or her first visit to the doctor if possible. If not, ask the injured employee to take along a return-to-work folder, and have the supervisor follow up with a phone call later. A typical return-to-work folder may contain:

- a letter telling the treating doctor you want to return the employee to work as soon as medically reasonable
- a medical release signed by the employee that allows the doctor to provide you with medical information about how the injury affects the employee's ability to work
- a copy of Form DWC-73, Work Status Report, so the doctor can make return-to-work recommendations
- a completed Form DWC-74, Description of Injured Employee's Employment.

The information in Form DWC-73 and Form DWC-74 will be crucial for assigning modified duty. Be sure the doctor agrees with any return-to-work assignments. Keep track of what benefits the injured employee receives and how long Texas Mutual Insurance Company pays benefits.

More info

On the following pages, we've provided samples for communicating with the doctor, keeping track of communications with the employee, and understanding benefit payments.

Sample Letters for the Treating Doctor	30
After-Injury Telephone Report Log (blank form to photocopy).....	32
Sample Medical Release of Information	34
Guide to Benefits	36

Troubleshooting

Q. Can I choose the injured employee's doctor?

A. You may ask the injured employee to see your company doctor; however, injured employees have the right to choose their treating doctors in accordance with the Texas Labor Code and DWC rules. If you have a *Texas Mutual*[®] policy that includes the *Texas Star Network*[®] option, your injured employee must receive care from a network treating doctor.

Sample Letters for the Treating Doctor

Use this letter when asking for the doctor's recommendations for returning the employee to regular duties.

Dear Doctor:

This letter provides important information about employees who work for (company name). You may verify insurance coverage by calling Texas Mutual Insurance Company at (800) 859-5995. Our policy number is (policy number).

We have a return-to-work process designed to return employees to work as soon as medically reasonable. We would like to work with you on these items:

Your recommendations

Please assist us by providing your recommendations for returning this employee to work. We have attached a job description and task analysis for this employee's regular duties, a medical release form, and a form for your recommendations. We would appreciate an update after each appointment.

Modified duties, if required

If the employee is unable to return to regular duties, we can arrange for alternative productive work.

Scheduling appointments

We can arrange work schedules around diagnostic or treatment appointments. Please call me at the number below if you have any questions. Thank you in advance for your assistance.

Sincerely,
(Company's representative)

(Title)
(Company name)
(Phone number)

Use this letter when asking for the doctor's recommendations for returning the employee to alternative productive work.

Dear Doctor:

This letter provides important information about employees who work for (company name). We have a return-to-work process designed to return employees to work as soon as medically reasonable.

Since this employee is unable to return to regular duties, we would like to request your recommendations on returning the employee to modified duty. We have attached a job description and task analysis for alternative productive work, based on our knowledge of the employee's injury.

We have attached a form for your recommendations. We will ensure that this position meets all medical restrictions you prescribe.

Please call me at the number below if you have any questions. Thank you in advance for your assistance.

Sincerely,
(Company's representative)

(Title)
(Company name)
(Phone number)

Photocopy this blank form.

After-Injury Telephone Report

Employee's name: _____ Home phone: _____

Employee's supervisor: _____ Date of injury: _____

Treating doctor: _____ Doctor's phone: _____

Has the employer discussed workers' compensation benefits with the employee?

Yes _____ No _____

Has the employer discussed the return-to-work process with the employee?

Yes _____ No _____

Log of Doctor's Appointments

Date: _____ Time: _____

Comments

Contacted by: _____

Date: _____ Time: _____

Comments

Contacted by: _____

After-Injury Telephone Report, cont. Supervisor's Telephone Log

Date: _____ Time: _____

Comments

Contacted by: _____

Date: _____ Time: _____

Comments

Contacted by: _____

Date: _____ Time: _____

Comments

Contacted by: _____

Sample Medical Release of Information

Date

Claimant Name

Claimant Street Address

Claimant City, State, Zip

Re: Claim No: _____; Request for the release of nonpublic personal information including personal health information.

Dear _____: *(add name of claimant here)*

_____ (the "Employer") is requesting release of your nonpublic personal information from the treating doctor to aid in the return-to-work process. This may include medical and other related information, as described in the attached authorization. The Employer is requesting your authorization to obtain this information.

Please read the attached authorization. It is valid for 24 months as written, but you may authorize the release of your nonpublic personal information for a lesser period of time on the authorization. Once you have signed this authorization, you may later revoke it at any time by writing to the Employer at

_____ (address), to the attention of
_____ (name).

Please sign and return the attached authorization to my attention at
_____ (address). Signing and returning the authorization will assist the Employer in the return-to-work process. Thank you in advance for your help in obtaining this information.

Sincerely,

_____ *(Name of Requestor)*

_____ *(Title of Requestor)*

**AUTHORIZATION FOR DISCLOSURE OF
NONPUBLIC PERSONAL INFORMATION**

Claimant Name: _____

Claim No.: _____

By signing below, I, _____, (*claimant*) authorize my healthcare provider, their agents, employees or representatives, to release to _____ (“the Employer”) for the return-to-work process, my medical records that include: physical therapy notes, information or medical opinions including diagnosis and prognosis, information on work status and activity restrictions, information regarding impairment and disability, and information regarding maximum medical improvement.

A copy or facsimile transmission (fax) of this Authorization is as valid as the original. This Authorization is effective on the date signed below and will remain in effect for 24 months after signing, unless otherwise specified below.

I also understand that I have the legal right to revoke this Authorization by writing to _____ (the “Employer”) at _____ (address), Attn: _____. If the Employer or a disclosing entity has already acted in reliance on my Authorization, my revocation will not apply to that action or transaction.

The potential exists that a recipient of nonpublic personal information might re-disclose information used or disclosed pursuant to this Authorization, in which case medical and other privacy laws may no longer protect it.

With limited exceptions, treatment, payment, enrollment in a health plan, or eligibility for benefits may not be conditioned on obtaining an Authorization.

Signature of Claimant or person legally authorized to act for Claimant

Please describe authority to act on behalf of claimant _____

Date Signed _____

Time Authorization in Effect 24 months

Guide to Benefits

If a covered employee has a compensable injury, Texas Mutual Insurance Company may provide two categories of benefits: medical benefits and income benefits.

Medical benefits are payments of reasonable and necessary medical bills related to the compensable injury for as long as necessary. Income benefits are payments that replace a portion of the injured employee's lost wages if the employee meets certain guidelines. Here are answers to some common questions about benefits.

What are temporary income benefits (TIBs)?

Texas Mutual Insurance Company pays TIBs to the injured employee while the employee is temporarily unable to earn wages. We pay TIBs in place of wages.

How are TIBs calculated?

For employees making \$8.50 or more per hour, we calculate TIBs at 70 percent of average weekly wage, which is based on wages paid for the 13 weeks immediately before the date of injury.

For employees making \$8.49 per hour or less, we calculate TIBs at 75 percent of average weekly wage for 26 weeks. After 26 weeks, we reduce payments to 70 percent.

What are impairment income benefits (IIBs)?

We pay IIBs to the injured employee based on the impairment rating given by the treating doctor (or designated doctor) when the employee reaches maximum medical improvement. We pay three weeks of IIBs for each percent of permanent whole body impairment. Here is the formula that we use: $(\text{Percent impairment}) \times 3 = \text{number of weeks IIBs are paid}$.

What is maximum medical improvement (MMI)?

An injured employee may reach MMI in two ways. MMI usually occurs on the earlier of these two dates:

1. When an approved doctor determines the injured employee is not expected to experience significant change in condition.
2. One hundred and four weeks from the eighth day of disability.

An extension of the 104-week period may apply in certain cases. If an injured employee has had spinal surgery or has been approved for spinal surgery within 12 weeks of the end of the 104-week period, DWC may extend the date for MMI.

Section V

Make a Bona Fide Offer of Employment

You should make a *written* bona fide (valid) offer of employment if you have a job the injured employee can perform and the doctor has released the employee for the job. To be bona fide, the offer must meet the requirements of DWC Rule 129.6

More info

On the following pages, we've provided a copy of DWC Rule 129.6 and a checklist for making an offer of employment. We've also provided a sample letter for making a bona fide offer of employment.

DWC Rule 129.6 "Bona Fide Offers of Employment"	38
Checklist for Making a Bona Fide Offer of Employment	40
Sample Bona Fide Offer of Employment	41
DWC Form-73.....	42
DWC Form-74.....	44
How to contact us	46

Troubleshooting

Q. If I offer my injured employee a job, can the employee refuse it?

A. Injured employees may refuse an offer for alternative productive work, but if the offer of employment was bona fide (according to DWC Rule 129.6), Texas Mutual Insurance Company may discontinue the injured employee's temporary income benefits. This does not mean your injured employee is terminated from employment. Follow your company's absence and leave policies, and discuss the situation with your attorney before terminating the employee.

Q. If an injured employee returns to work at a lower pay rate, does the employee receive workers' compensation benefits?

A. Yes. If the injured employee has not reached maximum medical improvement and is not receiving the average weekly wage that he or she earned before the accident, the employee will receive income benefits.

DWC Rule 129.6

Bona Fide Offers of Employment

(a) An employer or insurance carrier (carrier) may request the treating doctor provide a Work Status Report by providing the treating doctor a set of functional job descriptions which list modified duty positions which the employer has available for the injured employee (employee) to work. The functional job descriptions must include descriptions of the physical and time requirements of the positions.

(b) An employer may offer an employee a modified duty position which has restricted duties which are within the employee's work abilities as determined by the employee's treating doctor. In the absence of a Work Status Report by the treating doctor an offer of employment may be made based on another doctor's assessment of the employee's work status provided that the doctor made the assessment based on an actual physical examination of the employee performed by that doctor and provided that the treating doctor has not indicated disagreement with the restrictions identified by the other doctor.

(c) An employer's offer of modified duty shall be made to the employee in writing and in the form and manner prescribed by the DWC (Division). A copy of the Work Status Report on which the offer is being based shall be included with the offer as well as the following information:

- (1) the location at which the employee will be working;
- (2) the schedule the employee will be working;
- (3) the wages that the employee will be paid;
- (4) a description of the physical and time requirements that the position will entail; and
- (5) a statement that the employer will only assign tasks consistent with the employee's physical abilities, knowledge, and skills and will provide training if necessary.

(d) A carrier may deem an offer of modified duty to be a bona fide offer of employment if:

- (1) it has written copies of the Work Status Report and the offer; and
- (2) the offer:
 - (A) is for a job at a location which is geographically accessible as provided in subsection (e) of this section;
 - (B) is consistent with the doctor's certification of the employee's work abilities, as provided in subsection (f) of this section; and
 - (C) was communicated to the employee in writing, in the form and manner prescribed by the Division and included all the information required by subsection (c) of this section.

(e) In evaluating whether a work location is geographically accessible the carrier shall at minimum consider:

- (1) the affect that the employee's physical limitations have on the employee's ability to travel;
- (2) the distance that the employee will have to travel;
- (3) the availability of transportation; and

(4) whether the offered work schedule is similar to the employee's work schedule prior to the injury.

(f) The following is the order of preference that shall be used by carriers evaluating an offer of employment:

- (1) the opinion of a doctor selected by the Division to evaluate the employee's work status;
- (2) the opinion of the treating doctor;
- (3) opinion of a doctor who is providing regular treatment as a referral doctor based on the treating doctor's referral;
- (4) opinion of a doctor who evaluated the employee as a consulting doctor based on the treating doctor's request; and
- (5) the opinion of any other doctor based on an actual physical examination of the employee performed by that doctor.

(g) A carrier may deem the wages offered by an employer through a bona fide offer of employment to be Post-Injury Earnings (PIE), as outlined in §129.2 of this title (relating to Entitlement to Temporary Income Benefits), on the earlier of the date the employee rejects the offer or the seventh day after the employee receives the offer of modified duty unless the employee's treating doctor notifies the carrier that the offer made by the employer is not consistent with the employee's work restrictions. For the purposes of this section, if the offer of modified duty was made by mail, an employee is deemed to have received the offer from the employer five days after it was mailed. The wages the carrier may deem to be PIE are those that would have been paid on or after the date the carrier is permitted to deem the offered wages as PIE.

(h) Nothing in this section should be interpreted as limiting the right of an employee or a carrier to request a benefit review conference relating to an offer of employment. The Division will find an offer to be bona fide if it is reasonable, geographically accessible, and meets the requirements of subsections (b) and (c) of this section.

Effective Date: December 26, 1999

Checklist for Making a Bona Fide Offer of Employment

When the treating doctor releases an injured employee to return to work in any capacity, you should make a bona fide offer of employment to the employee. To be bona fide (valid), the offer must meet the requirements of DWC Rule 129.6.

The DWC established the requirements because a bona fide offer of employment can affect a worker's income benefits. When deciding whether an offer is bona fide, the DWC considers the following:

- How long the job is expected to last
- How long the offer was kept open
- The way you made the offer to the employee
- The job's physical requirements and accommodations compared to the employee's physical capabilities
- The distance the employee has to travel to get to work (A job is accessible if it is within a reasonable distance of where the employee lives, unless the employee shows through medical evidence that a medical condition won't allow the employee to travel that distance.)

To help you make a bona fide offer, we have provided a sample letter on the next page. Be sure to attach a copy of Form DWC-73 to the letter. Follow this checklist when you write an offer:

- State the job title, what the hourly or weekly wage will be, the hours of work, where the employee will work, and how far the job is from where the employee lives.
- State how long you will keep the job offer open.
- Describe the job duties.
- Describe the maximum physical requirements of the job.
- Indicate that you understand the employee's physical limitations and will abide by the work restrictions sanctioned by the employee's doctor.
- If the employee is more fluent in a language other than English, translate the letter into the appropriate language. We can help you with the translation.
- Deliver the offer during the time the employee is eligible for workers' compensation income benefits.
- Send the offer by certified mail, return receipt requested, and by regular mail.
- Send a copy of the letter and mail receipt to your carrier.

If you don't make an offer in writing, it is difficult to show the DWC that you made an offer.

Sample Bona Fide Offer of Employment

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Date
Injured Employee
Address
City, State Zip code

Dear _____:

(Company's name) would like to offer you a temporary, modified-duty job assignment at our main assembly plant at *location*. The schedule for this position is from *hours and days of week*, and the job pays *wages per hour*. The job duties meet the work restrictions sanctioned by *doctor's name* (see enclosed Work Status Report).

Write a paragraph that describes the job duties, physical limitations, maximum physical requirements, and time requirements.

While you are working in this modified-duty job assignment, we will only assign tasks that are consistent with your physical abilities, knowledge, skills, and work restrictions as sanctioned by (doctor's name). ***We will provide training, if necessary.***

Please contact me by ***day and date*** at (phone number) if you are willing to accept this offer of a temporary, modified-duty job assignment.

Sincerely,

Name, Title
Company

Enclosed: DWC-73, Work Status Report from (doctor's name)

Employee - You are required to report your injury to your employer within 30 days if your employer has workers' compensation insurance. You have the right to free assistance from the Texas Department of Insurance, Division of Workers' Compensation and may be entitled to certain medical and income benefits. For further information call your local Division field office or 1(800)-252-7031.



Empleado - Es necesario que reporte su lesión a su empleador dentro de 30 días a partir de la fecha en que se lesionó si es que su empleador cuenta con un seguro de compensación para trabajadores. Usted tiene derecho a recibir asistencia gratuita por parte de la División de Compensación para Trabajadores, y también puede tener derecho a ciertos beneficios médicos y monetarios. Para mayor información comuníquese con la oficina local de la División al teléfono 1-800-252-7031.

TEXAS WORKERS' COMPENSATION WORK STATUS REPORT

PART I: GENERAL INFORMATION		5. Doctor's Name and Degree 	(for transmission purposes only)	Date Being Sent
1. Injured Employee's Name		6. Clinic/Facility Name		9. Employer's Name
2. Date of Injury	3. Social Security Number (last 4) XXX-XX-	7. Clinic/Facility/Doctor Phone & Fax		10. Employer's Fax # or Email Address (if known)
4. Employee's Description of Injury/Accident		8. Clinic/Facility/Doctor Address (street address)		11. Insurance Carrier
		City	State	Zip

PART II: WORK STATUS INFORMATION (FULLY COMPLETE ONE INCLUDING ESTIMATED DATES AND DESCRIPTION IN 13(c) AS APPLICABLE)

13. The injured employee's medical condition resulting from the workers' compensation injury:

(a) will allow the employee to return to work as of _____ (date) **without restrictions**.

(b) will allow the employee to return to work as of _____ (date) **with the restrictions identified in PART III**, which are expected to last through _____ (date).

(c) has prevented and still prevents the employee from returning to work as of _____ (date) and is expected to continue through _____ (date).

The following describes how this injury prevents the employee from returning to work:

PART III: ACTIVITY RESTRICTIONS* (ONLY COMPLETE IF BOX 13(b) IS CHECKED)

14. POSTURE RESTRICTIONS (if any):		17. MOTION RESTRICTIONS (if any):		19. MISC. RESTRICTIONS (if any):	
Max Hours per day: 0 2 4 6 8	Other	Max Hours per day: 0 2 4 6 8	Other	<input type="checkbox"/> Max hours per day of work: _____ <input type="checkbox"/> Sit/Stretch breaks of _____ per _____ <input type="checkbox"/> Must wear splint/cast at work <input type="checkbox"/> Must use crutches at all times <input type="checkbox"/> No driving/operating heavy equipment <input type="checkbox"/> Can only drive automatic transmission <input type="checkbox"/> No work / _____ hours/day work: <input type="checkbox"/> in extreme hot/cold environments <input type="checkbox"/> at heights or on scaffolding <input type="checkbox"/> Must keep _____ <input type="checkbox"/> elevated <input type="checkbox"/> clean & dry <input type="checkbox"/> No skin contact with: _____ <input type="checkbox"/> Dressing changes necessary at work <input type="checkbox"/> No running	
Standing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Walking <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20. MEDICATION RESTRICTIONS (if any): <input type="checkbox"/> Must take prescription medication(s) <input type="checkbox"/> Advised to take over-the-counter meds <input type="checkbox"/> Medication may make drowsy (possible safety/driving issues)	
Sitting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Climbing stairs/ladders <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Kneeling/Squatting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Grasping/Squeezing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Bending/Stooping <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Wrist flexion/extension <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Pushing/Pulling <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Twisting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Overhead Reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Other: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Keyboarding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
15. RESTRICTIONS SPECIFIC TO (if applicable):		18. LIFT/CARRY RESTRICTIONS (if any):			
<input type="checkbox"/> Left Hand/Wrist <input type="checkbox"/> Left Leg <input type="checkbox"/> Right Hand/Wrist <input type="checkbox"/> Right Leg <input type="checkbox"/> Left Arm <input type="checkbox"/> Back <input type="checkbox"/> Right Arm <input type="checkbox"/> Left Foot/Ankle <input type="checkbox"/> Neck <input type="checkbox"/> Right Foot/Ankle		<input type="checkbox"/> May not lift/carry objects more than _____ lbs. for more than _____ hours per day <input type="checkbox"/> May not perform any lifting/carrying Other: _____			
16. OTHER RESTRICTIONS (if any):					

* These restrictions are based on the doctor's best understanding of the employee's essential job functions. If a particular restriction does not apply, it should be disregarded. If modified duty that meets these restrictions is not available, the patient should be considered to be off work. Note - these restrictions should be followed outside of work as well as at work.

PART IV: TREATMENT/FOLLOW-UP APPOINTMENT INFORMATION

21. Work Injury Diagnosis Information:		22. Expected Follow-up Services Include:				
		<input type="checkbox"/> Evaluation by the treating doctor on _____ (date) at _____ : _____ am/pm <input type="checkbox"/> Referral to/Consult with _____ on _____ (date) at _____ : _____ am/pm <input type="checkbox"/> Physical medicine _____ X per week for _____ weeks starting on _____ (date) at _____ : _____ am/pm <input type="checkbox"/> Special studies (list): _____ on _____ (date) at _____ : _____ am/pm <input type="checkbox"/> None. This is the last scheduled visit for this problem. At this time, no further medical care is anticipated.				
		Date / Time of Visit	EMPLOYEE'S SIGNATURE	DOCTOR'S SIGNATURE	Visit Type: <input type="checkbox"/> Initial <input type="checkbox"/> Follow-up	Role of Doctor: <input type="checkbox"/> Designated doctor <input type="checkbox"/> Treating doctor <input type="checkbox"/> Referral doctor <input type="checkbox"/> Consulting doctor
		Discharge Time				<input type="checkbox"/> Carrier-selected RME <input type="checkbox"/> DWC-selected RME <input type="checkbox"/> Other doctor



Frequently Asked Questions Work Status Report (DWC Form-073)

Under what circumstances am I required to file the DWC Form-073?

Filing requirements for DWC Form-073 vary depending on the type of doctor filing the Work Status Report. The specific requirements are shown in the chart below.

Type of Doctor	When to File DWC Form-073	Where to File	Delivery Method	Deadline
<i>Treating Doctor or Referral Doctor</i>	<ul style="list-style-type: none"> after the initial examination of the injured employee, regardless of the employee's work status when there is a change in the injured employee's work status when there is a substantial change in the injured employee's activity restrictions on a schedule requested by the insurance carrier as long as it is based on the injured employee's scheduled appointments with the doctor (not to exceed one report every two weeks) 	injured employee	hand deliver	at the time of the examination
		insurance carrier	fax or e-mail	within 2 working days of the examination
		employer	fax or e-mail unless recipient has not provided these numbers; then by personal delivery or mail	
	<ul style="list-style-type: none"> after receiving a set of functional job descriptions, from the employer or insurance carrier listing modified duty positions, including the physical and time requirements of the positions, that the employer has available for the injured employee to work after receiving a DWC Form-073 from a RME Doctor that indicates the injured employee is able to return to work with or without restrictions 	injured employee	hand deliver unless no appointment is scheduled before deadline; then fax or e-mail unless recipient has not provided these numbers; then by mail	within 7 days of receiving job description or RME opinion
<ul style="list-style-type: none"> insurance carrier employer 	fax or e-mail			
<i>Designated Doctor</i>	<ul style="list-style-type: none"> after examination of an injured employee to address any question relating to return to work <p>NOTE: The Designated Doctor must file a narrative report along with the DWC Form-073.</p>	<ul style="list-style-type: none"> injured employee injured employee's representative (if any) 	fax or e-mail unless recipient has not provided these numbers; then by other verifiable means	within 7 working days of the examination
		<ul style="list-style-type: none"> insurance carrier treating doctor 	fax or e-mail	
		TDI-DWC	fax to 512-490-1047	
<i>RME Doctor selected by insurance carrier</i>	<ul style="list-style-type: none"> after examination of an injured employee (subsequent to a Designated Doctor's examination), if the RME doctor determines that the injured employee can return to work immediately with or without restrictions 	<ul style="list-style-type: none"> injured employee injured employee's representative (if any) 	fax or e-mail unless recipient has not provided these numbers; then by other verifiable means	within 7 days of the examination
		<ul style="list-style-type: none"> insurance carrier treating doctor 	fax or e-mail	
<i>RME Doctor selected by DWC</i>	Not applicable. TDI-DWC's medical examinations are ordered in accordance with §408.0041, Texas Labor Code, and applicable Division of Workers' Compensation rules.			

Where can I find more information about the DWC Form-073?

For complete requirements regarding the filing of this report, see 28 TAC §§126.6, 127.10, and 129.5. These rules are available on the TDI website at www.tdi.state.tx.us/wc/rules/index.html. If you have additional questions, call *Comp Connection for Health Care Providers* at 1-800-372-7713 (804-4000 in the Austin area) and select option 3.

NOTE: With few exceptions, upon your request, you are entitled to be informed about information TDI-DWC collects about you; receive and review the information (Government Code, §§552.021 and 552.023); and have TDI-DWC correct information that is incorrect (Government Code, §559.004).

**Instructions for Completing
DESCRIPTION OF INJURED EMPLOYEE EMPLOYMENT (DWC Form-074)**

What is the purpose of the DWC Form-074, *Description of Injured Employee Employment*?

The purpose of the form is to facilitate the exchange of information between the employer and injured employee's treating doctor regarding the job functions and duties, specific tasks, work activities and physical responsibilities of an injured employee's job at the time of injury and return the injured employee to employment as soon as it is considered safe and appropriate by the treating doctor.

Who should complete the DWC-074?

The form should be completed by an employer representative who has actual knowledge of the injured employee's job requirements, job functions and physical responsibilities.

Where does the employer send the completed form?

The employer should send the completed DWC Form-074 to the treating doctor or originating requestor. The employer should retain a copy of the completed form for their records. *Do not send a copy of the completed DWC-Form 074 to the Texas Department of Insurance, Division of Workers' Compensation (TDI-DWC).*

Does completing the DWC Form-074 constitute a request to return to work, a job offer, or an admission of compensability?

No, by completing and returning the DWC- Form 074 to the treating doctor or originating requestor, the employer is not making a request to return to work, a job offer, or admitting compensability.

Can the employer provide additional information along with the DWC Form-074 in responding to a request for description of an injured employee's employment?

Yes, when completing the DWC Form-074, the employer is encouraged to provide additional information that they would like the treating doctor to consider in Box 8, including information about the job the employee had at the time of the injury, and also any other jobs that the employer may have to offer. The employer may attach a job description identifying job functions and physical responsibilities or any other related documentation to the form.

NOTE: With few exceptions, you are entitled on request to be informed about the information that TDI-DWC collects about you. Under Texas Government Code §552.021 and §552.023 of the Texas Government Code, you are entitled to receive and review the information. Under §559.004 of the Texas Government Code you are entitled to have TDI-DWC correct information about you that is incorrect. For more information, call your local TDI-DWC field office at 800-252-7031.

How to Contact Us

Main number
(800) 859-5995

Claim reporting
Online www.texasmutual.com
Phone (800) TX-CLAIM (892-5246)
Fax (877) 404-7999

Claim information
(800) 859-5995

Loss prevention
(512) 505-6042