Department of Administration

RETURN TO WORK PROGRAM

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# TABLE OF CONTENTS

- **Glossary** ........................................................................................................................................... 3
- **Introduction** .................................................................................................................................... 4
- **Phase I** Pre-injury/Program Set Up (overview).................................................................................. 5
- **Phase II** Time of Injury (overview)................................................................................................... 6
- **Phase III** Administration of Program (overview)............................................................................... 7
  - **Component One**: Address Loss Control and Safety................................................................. 8
  - **Component Two**: Develop Initial Work Ability Forms............................................................. 9
  - **Component Three**: Establish Transitional Duty Teams........................................................... 11
  - **Component Four**: Address Confidentiality............................................................................... 13
  - **Component Five**: Train Employees on Transitional Duty......................................................... 14
  - **Component Six**: Ensure Injured Worker Receives Medical Attention....................................... 15
  - **Component Seven**: Promptly Report Work-related Injury/Occupational Disease to the Insurer. 16
  - **Component Eight**: Develop Transitional Duty Tracking Form............................................... 17
  - **Component Nine**: Communicate with Treating Physicians....................................................... 19
  - **Component Ten**: Maintain Contact with the Injured Worker................................................... 20
  - **Component Eleven**: The Workers’ Compensation Management Bureau.................................... 21

**Attachments:**

- Sample Confidentiality Agreement ................................................................................................. 23
- Authorization for Release of Information ......................................................................................... 24
- Work Ability Form ........................................................................................................................... 25
- Sample Work Ability Form ............................................................................................................. 26
- Transitional Duty Tracking Form ..................................................................................................... 27
- Contact Log ....................................................................................................................................... 29
Glossary of Terms


“Contact Log” – the form used to track contacts with the Injured Worker.

“First Report of Injury” or “First Report” – the initial report of a work-related injury or occupational disease that must be provided to our workers’ compensation Insurer to establish a claim. The First Report of Injury form is provided by our Insurer for reporting all work-related injuries or occupational diseases; the form can be found online at www.montanastatefund.com.

“Injured Worker” – an employee of a State agency who experiences a work-related injury or occupational disease.

“Insurer” – as used in this manual is the Montana State Fund (406) 444-6500 or (800) 332-6102.

“Job Function” – a specific job task that may be performed by an employee.

“Return to Work Program” or “Program” – the State of Montana program establishing a process to bring an employee back to work after a work-related injury or an occupational disease.

“Transitional Duty” – modified, temporary work assigned by a State agency to an Injured Worker that allows the Injured Worker to return to the work place prior to the time when he or she is able to perform all normal job functions; fosters faster, more complete recovery.

“Transitional Duty Tracking Form” or “Tracking Form” – the form that documents the Transitional Duty assigned to an Injured Worker and the Injured Worker’s progress in the Return to Work Program.

“Transitional Duty Team” or “Team” – a team of individuals established by a State agency to administer its Return to Work Program.

“Treating Physician” – the licensed health care professional providing care to an Injured Worker for a work-related injury or occupational disease.

“Work Ability Form” – the form sent to the Treating Physician establishing the work capacity of an Injured Worker.
The State of Montana, in conjunction with Milt Wright & Associates, Inc., has developed this beneficial Return to Work Program designed to bring employees back to the workplace as quickly as possible following a work-related injury or occupational disease. An effective return to work program can help keep work-related injuries and occupational diseases from becoming permanent limitations or disabilities.

This guide discusses return to work primarily from the workers’ compensation perspective. However, these Program components can be used for injuries and illnesses that occur outside of the workplace with the same benefits to employees and to the State of Montana.

This manual describes the State of Montana’s minimum requirements for an agency’s Return to Work Program. The Return to Work Program as described is a flexible program that can be customized by each agency as needed to achieve optimal effect.

The Workers’ Compensation Management Bureau (WCMB) is available to assist all State agencies with every aspect of implementing their Return to Work Programs. This assistance may be accomplished through members of the WCMB temporarily sitting on Transitional Duty Teams to help Teams operate efficiently and effectively. The WCMB can assist you with multiple training needs, including training on the workers’ compensation system, New Employee Orientation, Transitional Duty for unique situations, and other topics.
The Return to Work Program includes the following Phases and Components:

**PHASE I**
**Pre-Injury/Program Set up**

**COMPONENT 1:**
**Address Loss Control and Safety**
An effective Return to Work Program is one component of a comprehensive loss control and safety program. State agencies should already be in compliance with state law mandating loss control and safety programs, and agencies must continue those efforts. The Return to Work Program is not intended to replace programs directed at preventing work-related injuries and occupational diseases.

**COMPONENT 2:**
**Develop Initial Work Ability Forms for every position**
An initial Work Ability Form describes the Job Functions typically performed by an employee in a particular position. Work Ability Forms are provided to an Injured Worker’s Treating Physician at the earliest opportunity to facilitate meaningful interaction and input by the Treating Physician regarding an Injured Worker’s ability to return to his or her normal job duties or to Transitional Duty.

**COMPONENT 3:**
**Establish a Transitional Duty Team and Team Coordinator**
A Transitional Duty Team is the group of individuals who routinely meet to administer the Return to Work Program on behalf of a particular Injured Worker. A Team will consist of individuals routinely assigned as part of the Team for an agency. The Team Coordinator should be an individual who is appointed to participate in every Team meeting, and he or she would typically be either the Disability Manager or Early Return to Work Specialist.

Each Team will also include the Injured Worker and his/her supervisor, and the Team will work closely with other involved individuals including the Claims Examiner assigned by the Insurer and the Injured Worker’s Treating Physician if possible.

**COMPONENT 4:**
**Address Confidentiality**
Because the Return to Work Program will receive and use information pertaining to the health status of State employees, Transitional Duty Team members must be aware of Return to Work Program standards and expectations for maintaining the confidentiality of such information.

**COMPONENT 5:**
**Train Employees on Transitional Duty**
In order to be responsive and effective, Team members must be trained in the policies and practices of the Return to Work Program prior to the time they are called upon to assist an Injured Worker. Training must be ongoing to maintain responsiveness and effectiveness, even in agencies or work groups where work-related injuries and occupational diseases are infrequent.
PHASE II
Time of Injury

COMPONENT 6:
Ensure the Injured Worker receives appropriate medical attention
Immediate medical care is imperative to reduce the effects of a work-related injury or occupational disease. Team members, as well as supervisors and managers, must encourage Injured Workers to obtain appropriate medical care as soon as possible.

COMPONENT 7:
Promptly report the work-related injury or occupational disease to the Insurer
Prompt reporting of a work-related injury or occupational disease is necessary to safeguard an Injured Worker’s workers’ compensation claim, thereby ensuring adequate access to necessary medical care and income protection.

COMPONENT 8:
Develop a Transitional Duty Tracking Form
Returning an Injured Worker to the workplace as quickly as possible following a work-related injury or occupational disease is the key to a successful Return to Work Program. Establishing appropriate Transitional Duty that considers the functional capacity of the Injured Worker is the primary responsibility of the Team.

COMPONENT 9:
Communicate with Treating Physician
Prompt and ongoing communication with the Injured Worker’s Treating Physician regarding Job Functions, Transitional Duty opportunities, and the progress of Return to Work efforts on behalf of the Injured Worker will facilitate more meaningful interaction with and contribution by Treating Physicians in the Return to Work Program. Team members will need to be familiar with strategies for communicating with Treating Physicians in light of applicable privacy laws.

COMPONENT 10:
Maintain Contact with the Injured Worker
The Injured Worker is an important participant in his or her Return to Work process by being a member of the Transitional Duty Team. Participation on the Team maintains the Injured Worker’s sense of connection to the workplace and sense of control over his or her own Return to Work process. Additionally, frequent appropriate contact with the Injured Worker reminds him/her that he/she is cared for and missed by colleagues.
PHASE III
Administration of the Return to Work Program

COMPONENT 11:
Report as Required to the Workers’ Compensation Management Bureau

The Workers’ Compensation Management Bureau (WCMB) is responsible for oversight of the State government’s workers’ compensation programs and processes. We are here to help you establish and manage your Return to Work Program and are ready to assist you in ensuring efficient and effective programs and case management.

The WCMB is also responsible for tracking the overall compliance and effectiveness of State agencies in their management of work-related injuries and occupational diseases. In order to meet its oversight and reporting obligations, the WCMB must receive information from each State agency detailing its efforts and outcomes.
Component 1: Address Loss Control and Safety

**DESCRIPTION**

To be effective, the Return to Work Program is intended to be one significant piece of an agency’s overall efforts to reduce work-related injuries and occupational diseases and the consequent losses that affect both the Injured Worker and the agency. Aside from implementation of a Return to Work Program, as described in this manual, specific steps toward achieving workplace safety and loss control are provided by the Montana Safety Culture Act, Section 39-71-1501, et seq., of the Montana Code Annotated.

**REQUIREMENT**

An agency must comply fully with the Montana Safety Culture Act, and should utilize other available effective measures to prevent work-related injury or occupational disease. At a minimum, each agency must:

1. Have an active safety committee;
2. Conduct regular new employee safety orientations with job specific safety training;
3. Track compliance with safety training requirements and safety policies;
4. Immediately report any safety risks identified through work site inspection, training, or specific reports of work-related injury or occupational disease to your department’s safety representative, the WCMB Safety Specialist, or to a member of the WCMB;
5. Train supervisors and management on effective safety policy and the adverse results of non-compliance;
6. Use accident investigations as a tool to prevent future injuries;
7. Report all violations of safety policy to your Safety Specialist, Disability Manager, Human Resources Officer, representative designated by your agency, or a member of the WCMB.

**IMPORTANT REMINDER**

* Compliance with the Montana Safety Culture Act is required by law.
Component 2: Develop the Initial Work Ability Form

DESCRIPTION

An initial Work Ability Form is a document that contains basic information regarding the Job Functions performed in a specific position within the agency. The Work Ability Form will be revised based on information provided by the Treating Physician as necessary to document the current physical ability of an Injured Worker. The Work Ability Form provides the basis for Transitional Duty for an Injured Worker.

REQUIREMENT

Each supervisor must have a completed Initial Work Ability Form for each job they supervise.

How to Create the Initial Work Ability Form

Use the Work Ability Form provided at http://benefits.mt.gov/WorkersComp.asp and in the Attachments to this document. Fill in the Job Title at the top of the page.

Job Functions: List each task of this job starting with tasks most frequently performed. List at least 3 tasks.

Next to the Job Functions, briefly describe the basic demands of the job functions. How to do this is described below and shown on the sample initial Work Ability Form at the end of this manual. The key to completing this portion successfully is keeping the demands as basic and straightforward as possible.

Physical, Mental, and Environmental Demands:
Describe the primary physical, mental, and environmental demands of each task.

1. Physical demands may include
   A. Lifting or carrying (weight and how often);
      Example: Lifting boxes 4x/hr, 35#, floor to shoulder
   B. Sitting, standing and/or walking, pushing, pulling, gripping, bending, twisting, kneeling, squatting, climbing, etc.
      Example: Sit/stand work station

2. Mental Demands may include:
   A. Intellectual or memory requirements;
      Example: Requires ability to memorize frequently used Montana Codes Annotated
   B. Ability to concentrate or make decisions about work processes;
      Example: Requires ability to concentrate for 2 hours at a time
   C. Aptitudes needed for job specific requirements.
      Example: Requires knowledge of electrical wiring

3. Environmental Demands may include:
   A. Temperature range, vibration, fumes, ventilation, chemical exposure, etc.
      Example: 6+ hours per day in warehouse, exposure to outside temperatures

Work Schedule Requirements: Describe the typical work shift requirements, such as the hours per day, shift work, travel, or overtime.
Example: Works 4 shifts/wk, 10 hours/shift
How to Use the Work Ability Form

1. When notified of a work-related injury or occupational disease, the supervisor will pull the initial Work Ability Form that correlates to the Injured Worker’s job.
   A. The supervisor verifies that the Job Function information is correct specific to the Injured Worker.
   B. The supervisor or Injured Worker fills in the name, date of birth, and claim number (if a claim number has been obtained at this point) for the Injured Worker.
   C. The Injured Worker takes the form to the doctor’s office for completion.
   D. The Injured Worker returns the form to his/her supervisor.
   E. The supervisor provides the completed Work Ability Form to the Team Coordinator.

2. If the Treating Physician identifies limitations to the Job Functions, the Transitional Duty Team will use the Work Ability Form to develop Transitional Duty for the Injured Worker.

3. Pay close attention to all authorized changes in each two-week increment.
   A. If the Injured Worker is healing as the Treating Physician expects and wants to have his/her work duties progress as indicated by the Treating Physician, implement the authorized changes.
   B. If the Injured Worker is not healing as the Treating Physician expects and does not feel physically capable of performing the authorized progressive duties, do not implement the authorized changes.
   C. If the Injured Worker is unable to progress to the authorized changes for two consecutive two-week increments, the Injured Worker should return to the Treating Physician for an updated Work Ability Form.

IMPORTANT REMINDERS

* Ensure that Injured Workers are not sent home by the Treating Physician because Work Ability Forms are not available at the time of initial treatment.
Component 3: Establish Transitional Duty Teams

DESCRIPTION

A Transitional Duty Team is a group within an agency that manages the Return to Work Program for the agency. An agency may have more than one Team and will assign Transitional Duty Teams based on the location of work units, numbers of employees, and incidence of work-related injuries and occupational diseases typically occurring.

REQUIREMENT

Each agency will establish and train the Team(s) as necessary to manage the Return to Work Program for the agency based on the volume of Transitional Duty needs anticipated for the agency, and will establish a meeting schedule for the Team(s).

Assigning Members to a Team

1. Each Team will have a Team Coordinator. A Team Coordinator will be a Disability Manager or an Early Return to Work Specialist. If an agency does not have either, the Team Coordinator will be a Safety Specialist or Human Resources Officer.

   A. The Team Coordinator is the Team member responsible for scheduling and running Team meetings; complying with all documentation requirements; and being the point of contact with the Workers’ Compensation Management Bureau.

2. The agency will assign other Team members, including: budget staff, a Human Resources representative; a Safety and/or Return to Work Specialist; and any other staff assigned by the agency’s management.

3. The Transitional Duty Team assigned to each Injured Worker will have ad hoc Team Members. The Injured Worker and his/her immediate supervisor will be Team members. Other ad hoc Team Members may include: the Claims Examiner appointed by the Insurer; the Injured Worker’s Treating Physician or representative; the Injured Worker’s union representative; or others. Ad hoc Team Members may participate in portions of the Team meetings addressing that Injured Worker.

Scheduling Team Meetings

1. Teams will meet as frequently as necessary to manage the active Work Ability Forms and Transitional Duty Tracking Forms.

2. Meeting schedules will be developed based on the specific needs of each Injured Worker. The objective of the Team is to assist the Injured Worker through the Return to Work process and back to full functioning as quickly as possible.
**Team Meeting Objectives**

1. Review active Transitional Duty Tracking Forms and update according to the most recent Work Ability information provided by the Treating Physician, the Injured Worker, his/her supervisor, and any other relevant information.

2. Provide the Injured Worker with an updated Work Ability Form to take to the Treating Physician at the time of the Injured Worker’s next visit.

3. Document all Team meetings.

**Documentation Requirements**

1. At every Transitional Duty Team meeting, update the Work Ability Form and the Transitional Duty Tracking Form for each Injured Worker. Review the Contact Log for compliance and accuracy.

2. Provide copies of the Work Ability Forms and Transitional Duty Tracking Forms to the WCMB immediately after each Team meeting. Provide the Contact Logs to the WCMB upon request.

**Transitional Duty Team Meetings**

**Frequency of Meetings**

1. Ensure that meetings are scheduled frequently enough to develop and monitor Transitional Duty.

2. Verify that there is a process in place for holding unscheduled meetings to deal with unexpected situations.

**Participation in Meetings**

The absence of key members from scheduled meetings may prevent the Team from making timely decisions. Attendance is mandatory for Team members who are at work when meetings are scheduled. The efficiency and effectiveness of the Team depends on the dedication of Team members.

**Meeting Effectiveness**

Using a formal process such as Roberts Rules of Order may be beneficial in addressing issues involving varied opinions about Team decisions. By doing so the Team remains productive in making Team decisions based on majority rule.
Component 4: Address Confidentiality

**DESCRIPTION**

Confidentiality is a legal requirement to keep certain communications privileged. Do not discuss or divulge any information to third parties.

**REQUIREMENT**

All members of Transitional Duty Teams must comply with confidentiality requirements including, but not limited to, signing a confidentiality agreement and adhering to the agreement.

**Maintain Confidentiality:**

All information shared in the Team meetings is discussed on a need to know basis only. The team generally needs to know only the Injured Worker’s physical abilities related to Return to Work.

Members of the Team will sign a confidentiality statement that documents all information discussed within the Team meetings may not be released. A sample confidentiality agreement can be found in the attachments to this guide.
Component 5: Train Employees on Transitional Duty

**DESCRIPTION**

This training is designed to teach employees the benefits of continuing to work or returning to work as soon as medically possible after a work-related injury or occupational disease. Additionally, this training prepares employees to participate on Transitional Duty Teams.

**REQUIREMENT**

Every agency must train new and existing employees on the Return to Work Program and Transitional Duty.

**Key Elements in Training**

1. Teach long term financial consequences of time lost from work.
   - A. When an Injured Worker has been off work for six months, they have only a 40% chance of ever coming back to their job.
   - B. When an Injured Worker has been off work for a year, they have less than a 10% chance of ever working again.

2. Explain the decrease in benefits related to losing time from work.
   - A. Injured Workers off work due to a work-related injury or occupational disease generally do not continue to accrue retirement or annual or sick leave.
   - B. After a period of time, the Injured Worker must pay out of pocket his/her State’s share of health insurance costs.

3. Clarify quality of life factors that may be affected by lost time.
   - A. Mental health – staying appropriately active as allowed by the Treating Physician and staying connected with co-workers decreases the risk of depression following a work-related injury or occupational disease.
   - B. Rate of recovery – much like physical therapy or work hardening, physically appropriate Transitional Duty can become an extension of the medical treatment process and speed recovery.
   - C. Ability to maintain physical conditioning – just as regular exercise helps keep people healthy, appropriate physical activity after a work-related injury or occupational disease may help maintain muscle tone and cardiovascular fitness.

4. Not returning Injured Workers to work is the single most expensive decision a supervisor will make.
   - A. Direct claims costs;
   - B. Hidden costs such as lost productivity, increased work load on existing staff, and the cost of temporary employees.
Component 6: Ensure the Injured Worker Receives Appropriate Medical Attention

DESCRIPTION

Prioritizing medical attention is mandatory. All aspects of Return to Work can be addressed in a timely fashion; however, Return to Work may not usurp medical attention.

REQUIREMENT

Supervisors or the person to whom a First Report of Injury is reported must encourage the Injured Worker to get appropriate and timely medical care.

How Timely Medical Care May Look

1. A supervisor may drive the Injured Worker to the doctor if the work-related injury or occupational disease does not require an ambulance for emergency treatment.

   A. Supervisors who take an Injured Worker to the initial doctor’s evaluation are there to support their employee. Simply put, it is the right thing to do. The purpose of taking the Injured Worker to this initial doctor’s evaluation is to show care and support for the employee.
   B. If there is any question about the severity of the work-related injury or occupational disease, the supervisor or co-worker may call 911 and stay with the Injured Worker until emergency medical personnel arrive.

IMPORTANT REMINDERS

★ Always provide a current Work Ability Form for the Injured Worker to take with him/her to his/her first medical evaluation.

★ Make sure the Injured Worker returns a copy of the Work Ability Form to his/her supervisor as soon as possible following the initial doctor evaluation.

★ Supervisors are then responsible for communicating the Injured Worker’s status with the Team Coordinator to determine the appropriate process to follow.
Component 7: Promptly Report the Work-Related Injury or Occupational Disease to the Insurer

DESCRIPTION

Prompt reporting is the process that ensures an Injured Worker receives any benefits for which he/she is eligible in a timely and appropriate manner.

REQUIREMENT

Work-related injuries must be reported immediately using the Insurer’s 1st Report of Injury. If immediate reporting cannot be achieved, the form must be filed within 24 hours. Occupational diseases must be reported as soon as possible once a determination has been made that the condition is work-related.

How to File a 1st Report of Injury

1. Use the Insurer’s 1st Report of Injury. This form can be downloaded from the Insurer’s website at: www.montanastatefund.com. You can establish a password with our Insurer and file the form online or print this form, fill it out, and fax to the number on the top of the form. Contact Montana State Fund for more details.

2. If you have any questions or concerns about filling out the first report of injury or the report filing process, contact the WCMB at (406) 444-2044 or (800) 287-8266.

IMPORTANT REMINDERS

★ Timely reporting can have a positive impact on every aspect of the Injured Worker’s claim experience.

★ The benefits of prompt reporting include reduced disability, reduced litigation, reduced claims costs, and reduced fraud.
Component 8: Develop the Transitional Duty Tracking Form

DESCRIPTION

The Transitional Duty Tracking Form is an active document that provides a map for the Transitional Duty process from start to finish. This Tracking Form also serves as documentation for the protection of all participants in the Return to Work process. The Tracking Form includes the list of approved Job Functions; start, finish, and review dates; and places for feedback from the supervisor and the Injured Worker. This document completed at each meeting of the Transitional Duty Team may also serve as a communication tool with the Treating Physician in the form of regular updates.

REQUIREMENT

Every Team must use the Transitional Duty Tracking Form for every Injured Worker participating in Transitional Duty. This Tracking Form must be updated at each Team meeting. Copies of the Tracking Form will be forwarded to the WCMB. We recommend a copy be sent to the Treating Physician.

How to Use the Transitional Duty Tracking Form

1. At the earliest possible time or at the next scheduled Team meeting, fill out the Transitional Duty Tracking Form. Use the Work Ability Form that the Injured Worker took to the first doctor’s appointment.
   
   A. If the Injured Worker is not able to attend this initial meeting in person, include him or her via conference call to participate in Transitional Duty development.

2. Update the Transitional Duty Tracking Form at each subsequent meeting to:
   
   A. Document progress by the Injured Worker;
   B. Document feedback from the Injured Worker and the supervisor about Transitional Duty.

IMPORTANT REMINDERS

🌟 Special Note on ADA and FMLA: As your Team works through the Transitional Duty process, you may recognize potential ADA or FMLA issues emerging. Your Team needs access to your legal, Human Resources, State ADA personnel, and other specialists to address specific issues as they arise.

🌟 The Workers’ Compensation Management Bureau staff can provide this assistance and/or help direct you to the appropriate person.

🌟 The Transitional Duty Tracking Form can be found in the attachments to this guide.
Signs of Success in Transitional Duty Development

1. The Team should be able to develop Transitional Duty for Injured Workers who have well-defined abilities and/or restrictions.


3. The Team is flexible and practical about changing and/or postponing plans when circumstances dictate.

4. The Team solicits and values the Injured Worker’s ideas and suggestions for Transitional Duty.

5. The Team is able to reinitiate Transitional Duty after interruptions when appropriate.

6. Transitional Duty does not lead to aggravations of existing or development of new work-related injuries or occupational diseases.

7. Managers and supervisors are well-trained and comfortable with what they need to do to supervise Injured Workers participating in Transitional Duty.
Component 9: Communicate with Treating Physicians

DESCRIPTION

Communicating with Treating Physicians means letting them know that the State of Montana as the employer will provide Transitional Duty when Transitional Duty is medically appropriate. In doing so, we allow the Treating Physician to update his/her statement of work abilities as the Injured Worker progresses in recovery from a work-related injury or occupational disease. Methods of communication may be in writing through the Work Ability and Transitional Duty Tracking Forms, by phone, electronically, or in person.

REQUIREMENT

When an Injured Worker goes to see his/her Treating Physician, the Injured Worker must have an initial Work Ability Form for the Treating Physician to review. If taking the Work Ability Form to the visit is not physically possible, a member of the Team should deliver or fax the Work Ability Form to the Treating Physician’s office immediately or no later than within 24 hours of the Injured Worker’s initial doctor’s visit.

How to Communicate with the Treating Physician

1. Provide the Work Ability Form to the Treating Physician at each of the Injured Worker’s visits, and instruct the Injured Worker to return the Work Ability Form to his/her supervisor immediately following each visit with the Treating Physician.
   
   A. If the Treating Physician approves all Job Functions on the initial Work Ability Form, the Injured Worker will be returned to his/her time-of-injury position.
   
   B. If any required modifications can be provided by the supervisor in the normal work environment, the supervisor may make the adjustments immediately. However, the supervisor must communicate the adjustments to the Team Coordinator so a plan is in place for getting the Injured Worker back to full duty as soon as medically possible.
   
   C. If any required modifications cannot be provided by the supervisor in the normal work environment, the Team will use the Work Ability Form to develop Transitional Duty for the Injured Worker.
   
   D. If the Treating Physician restricts the Injured Worker from all Job Functions, the supervisor, Team Coordinator, and Team members will maintain contact with the Injured Worker and the Treating Physician in order to provide entry back into the work environment as soon as medically possible.

2. Pay close attention to any authorized changes in each two-week increment on the Work Ability Form. Transitional Duty should change as the Injured Worker gets better over time. The Treating Physician may authorize additional tasks over time until the Injured Worker is able to return his/her time of injury job.

IMPORTANT REMINDER

* The Transitional Duty Tracking Forms filled in at Team meetings should be copied to the Treating Physician as well. This gives the Treating Physician essential feedback from the Injured Worker and the Team about how Transitional Duty is progressing for everyone involved.
Component 10: Maintain Contact with the Injured Worker

DESCRIPTION

The supervisor, Team Coordinator, and Transitional Duty Team members will communicate with the Injured Worker in multiple ways. By being on the Team, the Injured Worker is involved in the development and progress of his/her Transitional Duty. Team members should talk with the Injured Worker at work to show support for him/her. When the Injured Worker is not physically at the work site, supervisors and Team members may call and update the Injured Worker on work related events.

REQUIREMENT

Each Team must maintain a Contact Log to ensure consistent communication with the Injured Worker. The Team Coordinator is responsible for the log. The WCMB may audit Contact Logs periodically to identify trends in communication.

Methods for Maintaining Contact with the Injured Worker

1. The initial contact should be as soon as possible after a work-related injury or occupational disease. Examples of contact are a handwritten note or a phone call to the Injured Worker. Acknowledge and express concern about the work-related injury or occupational disease.

2. Provide information about the Transitional Duty process and what to expect. Let the Injured Worker know how to contact his/her Claims Examiner regarding when time-loss or related benefits will start, what benefits will be received, which forms need to be completed, and what he/she may expect from the Claims Examiner.

3. Maintain weekly ongoing contact. Even if the Injured Worker returns quickly to Transitional Duty, remember that he/she is still likely to be under significant stress and will need support and reassurance. If an Injured Worker experienced a work-related injury or occupational disease serious enough to be unable to perform any kind of Transitional Duty, contact is even more crucial.

4. Track phone calls and/or visits with the Injured Worker on the Contact Log.

WARNING Contact with Injured Workers should not be used to investigate the claim or check up on Injured Workers. Investigatory contacts must be entirely separate from Transitional Duty. If contacts are perceived as a form of spying, then attempts to communicate with the Injured Worker will be counterproductive.

Consistent, Positive Communication after an Injury

1. Team members should contact Injured Workers in a timely, positive manner.

2. Ensure that all Injured Workers are contacted.

3. Train supervisors and Team members about what they may say to Injured Workers.

4. Team Coordinators should randomly survey Injured Workers to identify if post-injury contact with Team members is perceived as aggressive or threatening.
Component 11: Workers’ Compensation Management Bureau

DESCRIPTION

The Workers’ Compensation Management Bureau (WCMB) is responsible for oversight of the State’s loss control and safety efforts, including the Return to Work Program. The WCMB will provide oversight, training, and facilitation for State agencies for both implementation and management of the agency’s Return to Work Program. In addition, the WCMB is charged with tracking the effectiveness of the State’s Return to Work Program. The WCMB will be reporting Program progress to the Governor’s office, Agency Directors, and executive management and will make legislative recommendations to further the intended purposes of the State’s Return to Work Program.

REQUIREMENT

The WCMB is dedicated to being a resource for all State agencies in the implementation and ongoing management of their Return to Work Programs. Each Transitional Duty Team is required to provide certain information to the WCMB for oversight and tracking purposes. Agencies must copy the WCMB with Work Ability Forms and Transitional Duty Tracking Forms. Contact Logs are subject to audit by the WCMB.

The WCMB as a Resource to Help You

1. Visit our website at http://benefits.mt.gov/WorkersComp.asp or contact the Early Return to Work Specialist at (406) 444-2044 for more information.

2. Ask for assistance with training or ideas for Transitional Duty.

3. Contact the WCMB if a serious injury occurs. We want to help from the very beginning.

4. The WCMB will attend all stewardship meetings with our Insurer.

MONITORING PROCESS COMPONENTS

Listed here are some of the criteria your agency and the WCMB will utilize to evaluate agency specific Return to Work Programs.

Long Term Criteria

1. Total Claims Experience – the total amount of claims and associated expenses.

2. Average Experience Per Claim – the total expenses divided by the number of claims. This ensures that Program success can be identified regardless of the number of claims filed.

3. Premium Allocation – the premium required by our Insurer reflecting the 3 and 5 year retroactive experience of the agency and evaluation of the experience modification factor.
Short Term Criteria

1. Average number of work days lost per wage loss (indemnity) claim;
2. Average cost of lost-time days per claim;
3. Average medical cost per claim;
4. Medical-only-to-indemnity ratio – claims where no wage loss has been paid but the employee is being treated for a work-related injury or occupational disease compared to wage loss claims. An example would be that for every five work-related injuries or occupational diseases, one would result in a lost-time case. Here the medical-only-to-indemnity ratio would be 4 to 1.

OTHER MEASURES TO TRACK

1. Total Hours of Transitional Duty per Month: A high monthly number of Transitional Duty hours may show that the Return to Work Program is successful in creating opportunities for Injured Workers.
2. Temporary Employee Costs: The Return to Work Program should reduce expenses related to hiring temporary replacements for Injured Workers.
3. Productivity Losses: An analysis of lost productivity caused by the absence of Injured Workers (and their replacement by potentially less skilled employees) provides useful information about the Return to Work Program.

IMPORTANT REMINDER

The WCMB is here to help you navigate through the Transitional Duty process. Please contact us if we may be of any assistance.

http://benefits.mt.gov/WorkersComp.asp
(406) 444-2044 or (800) 287-8266
TRANSITIONAL DUTY TEAM MEMBER’S AGREEMENT TO KEEP INJURED WORKER INFORMATION CONFIDENTIAL

I, the undersigned, have agreed to act as a member of the Transitional Duty Team for purposes of managing the Department’s Return to Work Program. My participation on the Transitional Duty Team may be a regular assignment, or may be an ad hoc assignment related to a work-related injury or occupational disease suffered by one of the employees under my supervision. In either case, I understand that my participation as a Transitional Duty Team member will involve my having access to sensitive personal information pertaining to one or more employees who meet the definition of Injured Worker for the Department’s Return to Work Program, which sensitive information may include, but will not necessarily be limited to, information pertaining to the health status of the Injured Worker provided by the Injured Worker or by his/her Treating Physician.

I agree to maintain the confidentiality of the sensitive personal information I have access to through my participation as a Transitional Duty Team member, including that:

1. I will access only that sensitive personal information necessary to perform my duties as a Transitional Duty Team member;
2. I will not repeat, reveal, discuss, or otherwise further provide or disclose sensitive personal information pertaining to an Injured Worker other than to persons authorized to have such information in furtherance of the objectives of the Department's Return to Work Program, or as otherwise required to perform my functions as a Transitional Duty Team member;

I agree that, if I have questions about what information is sensitive personal information or about who is authorized to receive such information from me, I will contact the Workers’ Compensation Management Bureau for clarification.

I understand that the inappropriate access, use, or disclosure of sensitive personal information could cause the Injured Worker who is the subject of the sensitive personal information embarrassment or damage, and that my inappropriate access, use, or disclosure of sensitive personal information can result in disciplinary action, up to and including termination of employment. I also understand that my inappropriate access, use, or disclosure of sensitive personal information may result in civil or criminal complaints against me personally.

My signature below is my acknowledgement that I have read, understand, and agree to abide by the terms of this Confidentiality Agreement. This Confidentiality Agreement shall be effective as of the date of my signing.

Printed Name ___________________________ Signature ___________________________ Date ___________________________
State of Montana Employees Return to Work
Authorization Form for Release of Information

A. Identification
This document authorizes the use and/or disclosure of confidential protected health care information about:

Employee Name: ________________________________________
Address: _______________________________________________
_______________________________________________________
Employee Date of Birth: ___________________________________
Daytime Phone Number: _________________________________
Employee ID Number: ____________________________________

B. Directions for Release
This authorization applies in accordance with my directions as checked below:
I authorize the release of information from:
___My Physician/Provider (Name): _____________________________
___Montana State Fund Workers’ Compensation Fund
___Other (Name or describe): _________________________________
to release and/or use protected health information pertaining to my current and expected medical restrictions and functional abilities and expected recover timelines related to my work-related injury or occupational disease. The information may also include medical opinions and evaluations of potential transitional duty assignments and/or return to work activities.
I authorize the disclosure of information to:
___Transitional Duty Team Members within the WCMB and the Department of _________________________________
___Other (Name or describe): _________________________________
I authorize the disclosure and/or use for the following reasons:
1. To evaluate the appropriateness of transitional duty assignments;
2. To assist the transitional duty teams in the development of transitional duty assignments;
3. To evaluate ongoing transitional duty assignments;
4. To evaluate the appropriateness of returning to full unrestricted duties.

C. Right to Revoke
I understand that I may revoke this Authorization at any time except to the extent that action has already been taken in reliance upon it. If I do not revoke it, this Authorization will expire on the date I am declared maximally medically improved (MMI) by my treating physician for my work-related injury or occupational disease. To revoke the Authorization, I understand I must contact the following person in writing:
Transitional Duty Team Coordinator, Dept of _________________________________

D. Authorization and Signature
I authorize the release of my confidential health information as described in my directions in Section B. I understand that this authorization is voluntary, that some of the information to be disclosed may be protected by law, and the use/disclosure is to be made to conform to my directions.

I, ____________________________, have read the contents of this Authorization, and I confirm that the contents are consistent with my directions.

______________________________________________  _________________________
Employee Signature      Date

______________________________________________  _________________________
Signature of Witness      Date

Complete, Sign, and Return this form to your Transitional Duty Team Coordinator
Job Title: _______________________

**Work Ability Form**

Name: _______________________________ Today’s Date: ______________
Claim # (if any):__________________________ DOB: ____________________

- [ ] Released to work FULL DUTY with NO RESTRICTIONS
- [ ] Released to TRANSITIONAL DUTY as indicated below; modify as needed in comments.
  - Fill in # of hours/day that the patient may work.
- [ ] Work NOT MEDICALLY SAFE until (date):__________
  - If no work, medical rationale:

***Dates for transitional duty begin with today’s office visit and progress in 2 week increments.***

<table>
<thead>
<tr>
<th>Weeks 1-2 of transitional duty:</th>
<th>Number of hours/day released to work</th>
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<tbody>
<tr>
<td>Job Functions</td>
<td>Comments</td>
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Additional Comments:_____________________________________________________

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<tr>
<th>Weeks 3-4 of transitional duty:</th>
<th>Number of hours/day released to work</th>
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<td>Job Functions</td>
<td>Comments</td>
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Additional Comments:_____________________________________________________

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<tr>
<th>Weeks 5-6 of transitional duty:</th>
<th>Number of hours/day released to work</th>
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<tr>
<td>Job Functions</td>
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Additional Comments:_____________________________________________________

Patient is MMI:  [ ] Yes / [ ] No  Possible/probable date of MMI:___________

Next Appointment Date: ______________ Referred to: ____________________________

Physician Signature ____________________________ Physician Printed Name ____________ Date ____________

Employee Signature ____________________________ Date ____________

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Job Title: Early Return to Work Specialist  

Work Ability Form  

Name: _______________________________  
Today's Date: _______________________  
Claim # (if any): _____________________  
DOB: _______________________________  

☑ Released to work FULL DUTY with NO RESTRICTIONS  
☑ Released to TRANSITIONAL DUTY as indicated below; modify as needed in comments.  
Fill in # of hours/day that the patient may work.  
☑ Work NOT MEDICALLY SAFE until (date):__________  
If no work, medical rationale:  

***Dates for transitional duty begin with today’s office visit and progress in 2 week increments.***  

<table>
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<tr>
<th>Weeks 1-2 of transitional duty:</th>
<th>4</th>
<th>Number of hours/day released to work</th>
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<tbody>
<tr>
<td>Job Functions (examples in italics)</td>
<td>Comments (physician’s comments in green)</td>
<td></td>
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<tr>
<td>2. Phone use – headset provided</td>
<td>2.</td>
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<tr>
<td>3. Driving 2 hrs/wk – State car provided</td>
<td>3.</td>
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<tr>
<td>4. Lifting boxes 4x / hr; 35#, floor to shoulder</td>
<td>4. Only released to lift 20#</td>
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Additional Comments: **Okay to lift only from knee to shoulder height**  

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<th>Weeks 3-4 of transitional duty:</th>
<th>3</th>
<th>Number of hours/day released to work</th>
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<td>4. Only to lift 25#</td>
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Additional Comments: **Continue knee to shoulder height only for lifting**  

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<td>4. Only to lift 30#</td>
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Additional Comments: **Okay to lift floor to shoulder height**  

Patient is MMI: ☐ Yes / ☐ No  
Possible/probable date of MMI: ________________  
Next Appointment Date: ________________ Referred to: ____________________________________________  

________________________________________________________________  ______________  
Physician Signature       Physician Printed Name       Date  

________________________________________________________________  ______________  
Patient Signature       Date  

The State of Montana and Milt Wright & Associates, Inc. provide restricted rights to use as noted on the title page of this manual.
Transitional Duty Tracking Form

Injured Worker’s Name__________________________________ Today’s Date__________________

Work Ability Form on file? □ Y / □ N  Job Title_________________________________ DOI________

Supervisor___________________________ Team Coordinator_______________________________

Transitional Duty Functions____________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Transitional Duty Start Date___________ End Date__________ Next Review Date________________

Injured Worker Feedback______________________________________________________________

_______________________________________________________________________________________________________

Supervisor Feedback_________________________________________________________________

_______________________________________________________________________________________________________

__________________________ ___________________________  ____________________________

Injured Worker Signature  Supervisor Signature      Team Coordinator Signature

Today’s Date__________________            Next Review Date________________

Transitional Duty Functions____________________________________________________________

__________________________________________________________________________________

_______________________________________________________________________________________________________

Injured Worker Feedback______________________________________________________________

_______________________________________________________________________________________________________

Supervisor Feedback_________________________________________________________________

_______________________________________________________________________________________________________

__________________________ ___________________________  ____________________________

Injured Worker Signature  Supervisor Signature      Team Coordinator Signature

*Double-sided form
Injured Worker’s Name_______________________________

Today’s Date__________________                            Next Review Date________________

Transitional Duty Functions__________________________________________________________________________________
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__________________________________________________________________________________

Injured Worker Feedback_______________________________________________________________________________________

_______________________________________________________________________________________________________

Supervisor Feedback_______________________________________________________________________________________

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Injured Worker Signature  Supervisor Signature      Team Coordinator Signature

Today’s Date__________________         Next Review Date__________________

Transitional Duty Functions__________________________________________________________________________________
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Injured Worker Feedback_______________________________________________________________________________________

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Supervisor Feedback_______________________________________________________________________________________

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Injured Worker Signature  Supervisor Signature      Team Coordinator Signature
## Contact Log

Injured Worker______________________________

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