



**W/C Claims**

Minnesota Counties Intergovernmental Trust

# Return to Work Programs



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The information contained in this document is intended as a resource only, and is not meant as a substitute for legal advice. Employers should consult legal counsel when establishing policies and procedures or when making decisions related to any individual employee situation. Many state and federal laws, including the federal Americans with Disabilities Act and the federal Family Medical Leave Act, could apply to any particular situation.

## Introduction

The workers' compensation system was designed to compensate employees for injuries and illnesses sustained in the course and scope of their work assignments. Over the years, employers have come to realize the importance of implementing and supporting a return to work (RTW) program. A successful return to work program can mitigate an employer's financial exposure for workers' compensation benefits but also have a positive impact on staff morale and department budgets.

An effective RTW program requires the organization be committed to finding creative and safe work options to allow the injured employee the ability to work within his or her restrictions. Transitional work assignments and temporary positions that accommodate these restrictions must replace the mindset that the only option in dealing with an injured employee is to consider him or her as "off duty" or "released to full duty." There are no absolutes when dealing with an employee with a work-related injury. A successful RTW program requires compromise.

Injured employees also have responsibilities to ensure an effective return to work program. This involves accurate communication of job duties to treating physicians, as well as working within the restrictions outlined by their medical providers and communicated to the employer.

This resource focuses on the components and processes necessary for a successful return to work program.

## Return to Work Program

A return to work program is designed to provide an injured worker with transitional duties so he or she can return to the workplace prior to complete recovery from a work-related injury or illness. Transitional duties can be designed by modifying job tasks and/or work hours to comply with work restrictions determined by a medical provider.

## Program Benefits

Providing transitional duties generally reduces the cost of a claim by reducing the amount of workers' compensation benefits paid to the employee. This can translate to savings for the employer in reduced costs for coverage.

Other benefits of the return to work program include:

- Reduced overtime
- More productivity
- Increased employee morale and job satisfaction
- Increased employee retention

## Keys to an Effective Program

An effective return to work program should be written, supported by the board and management, easy to administer and not adversarial.

The return to work program should include the following:

- A written policy
- Designation of personnel to assume essential roles of the program
- Identification of transitional duties
- Return to work training as needed
- Communication with employee and health care providers

## Return to Work Roles and Responsibilities

There are several roles that must be assumed by employees within the organization for the return to work program to succeed. In an ideal situation, the employer would establish a return to work committee with

different individuals having the responsibility for each activity. For smaller organizations, a committee may not be possible, so a single employee may assume all the roles or share some duties with another person(s).

Regardless of how many individuals are a part of the return to work process, it is essential that the employer identify the individual or the positions within the organization that will fulfill the return to work responsibilities.

A successful return to work program will have the following roles or responsibilities:

- Return to work coordinator
- Risk manager or human resources representative
- Employee representative or union representative
- Injured employee
- Employee's supervisor or department head
- Primary medical provider
- Claims representative from MCIT

### **Return to Work Coordinator**

An effective RTW program requires a gatekeeper. This individual will monitor the claims process. In many organizations, these duties are performed by the human resource/personnel department or someone active in personnel functions.

Generally, this person will be listed as the organization's contact on the workers' compensation incident notice (First Report of Injury (FROI)). This individual or team members should be knowledgeable in some or all of the following areas:

- Basics of the workers' compensation system
- Employer's policies, especially the personnel policies
- Employer's jobs and work processes
- Employee benefits (health insurance, etc.)
- Employer responsibilities pursuant to the Family and Medical Leave Act, Americans with Disabilities Act, etc.
- Medical provider responsibilities

### **Department Head or Supervisor**

Typically, the first interaction an injured employee has is with his or her supervisor or department head. The department head or supervisor will:

- Receive the notice of the incident
- Perform the initial investigation
- Direct the employee to the employee liaison (or workers' compensation coordinator)
- Notify the employee liaison (or workers' compensation coordinator) of the incident
- Accommodate work modifications that may be necessary to allow the injured employee to return to work
- Provide support to the employee during his or her absence from work
- Make the employee feel welcome upon his or her return to work

### **Human Resources (HR) Representative**

The employer's human resource representative (basically, whoever in the organization assumes the responsibility for personnel-related functions) should maintain accurate job descriptions for all positions in the organization. This information is essential to identify suitable positions in the event the attending physician imposes restrictions on an injured employee.

Position descriptions should include the essential functions of the position, as well as identify all physical requirements needed to perform the job. Ideally, job descriptions should be in place prior to an injury.

In the event a returning employee has restrictions placed on his or her physical activities, the human resource representative must also:

- Assist in locating a new or alternate position that fits within the injured employee's return to work restrictions
- Identify or develop transitional employment or a work hardening plan for the returning employee in conjunction with the employee's department head or supervisor

## Medical Provider

Employees injured on the job generally seek medical attention; therefore, the medical provider is a key player in this program. Although the injured employee has the ability to select the physician, the employer is not precluded from requiring the employee to confer with a physician selected by the employer.

Employers are encouraged to develop good working relationships with health care providers so their concerns regarding the employee's physical condition, restrictions and job modification are considered by the medical providers as they make their recommendations.

The medical provider will:

- Provide necessary medical treatment
- Provide the employer with the Report of Workability after each medical visit
- Meet with the qualified rehabilitation consultant (see below) as requested
- Provide reasonable work restrictions if appropriate

## The Qualified Rehabilitation Consultant and Disability Case Manager

When the employee is off work for 13 weeks or more, the law requires a consultation with a qualified rehabilitation consultant (QRC). The QRC's role is to design a plan to return the employee to employment. This may be with the employee's preinjury employer in the same job with some restrictions or another position that provides similar economic benefits to the employee.

The QRC's role is to:

- Assist with the employee's rehabilitation efforts and his or her return to work
- Act as an intermediary between the employee, employer, physician and coverage provider
- Return employee to gainful employment status

The QRC will assist with complex or multiple medical visits and providers, and recommend job modifications as needed.

The QRC attends medical appointments with the employee and provides information to the employer. For the most medically complex cases, a disability case manager (DCM) can be appointed at any time in the claim process.

Not all claims require the services of a QRC or a disability case manager. Recognizing the merits of having a health care professional available to assist, MCIT has an onsite nurse case manager who may be involved in a claim until a QRC or DCM is requested or appointed.

## Identify Transitional Duties

Identifying and creating transitional duties is critical to an effective RTW program. Transitional duties should be identified before the need arises. The sooner an injured employee returns to work, by way of transitional duties, the greater the probability he or she will be able to return to a full-time position.

Some considerations when creating transitional duties:

- Define the physical and mental requirements of the task(s):
  - Does the task require the employee to sit or stand, lift a certain amount of weight, bend or stoop, kneel, climb, or reach a certain number of inches?
  - If the task(s) is repetitive, describe the number of repetitions performed.
- Define the hours or duration of the task(s).

- Focus on the current abilities of the injured worker.
- Review any policies or collective bargaining agreements that may affect the employer's ability to offer transitional duty. Seek authority of other persons within the organization as needed.

Job descriptions that have been modified with transitional duties should be written. The employee and employer must have a clear understanding of the physical and mental tasks required of the transitional work assignment to match the capabilities of the injured employee and the restrictions outlined by the medical provider.

As restrictions change, transitional duties should be re-evaluated. Members should contact the MCIT claims representative for assistance as they re-evaluate transitional duties for injured employees.

## Communication with Employee

It is important for the injured employee to feel he or she is still part of the organization. Having a positive attitude about the workplace can spur his or her recovery and increase his or her desire to return to work. A quick return to work minimizes the employer's exposure to expenses and promotes good morale. To accomplish this:

- the department head/supervisor needs to maintain contact with the employee. A get-well card, the occasional phone call or a visit to the employee's home sends a strong message that the employer is interested in the employee's well-being.
- continue to treat the employee as a part of the organization. Make sure the employee continues to receive department newsletters and memos. Invite him or her to staff meetings and offer him or her the opportunity to attend training sessions. Remember, it is difficult to return to work after a lengthy absence if ones feel that he or she has been left out of the daily routine.
- keep the employee apprised of how his or her duties are being completed. Employees want to know if co-workers are assisting, if temporary help has been hired or if the work is simply "stacking up" waiting for his or her return.

It is also important to provide the employee with information regarding his or her claim to prevent the employee from becoming fearful and suspicious of the process.

Helpful information to share with the employee may include:

- Name and contact information of the claim representative assigned to the case
- Asking the employee to share the results of doctor visits with the workers' compensation coordinator (or designated member representative)
- Letting the injured employee know the employer is available to help him or her
- Advising the injured employee that the employer does not make benefit determinations, rather that is the responsibility of the MCIT; refer the employee to his or her MCIT claim representative

## Working with Uncooperative Employees

The best strategy to ensure that employees are cooperative and willing participants in the organization's return to work program is good communication about the program before an injury occurs. Employers should make it known to department heads, managers and employees that they are committed to finding productive transitional duties for an employee injured at work.

The RTW program should be seen as a positive experience supported by everyone in the organization.

When an employee is uncooperative, it is imperative that the employer continue to maintain good communication that is not adversarial.

- Follow all RTW procedures closely.
- Document all communication with the employee and the medical provider.
- If the employee has concerns about the transitional duty, determine if another transitional duty is available for which the employee may be better qualified.

- Ask the employee for suggestions on how to change his or her current duties to fit within the medical restrictions.
- Communicate any concerns you may have to the MCIT claims staff.

Remember, the injured employee is more likely to return to work if he or she feels he or she has received proper medical attention, has a good relationship with the employer and enjoys his or her job. Try to understand the reasons that the employee has concerns about returning to work. Then address the concerns with the employee and others as needed.

If appropriate, offer information about MCIT's Employee Assistance Program (EAP) or the employer's EAP, if different. The EAP may be able to assist the employee and employee's family/dependents with issues that are hindering the return to work process.

## Coordination with Team Members/RTW Committee

Members of the team who work within the organization (human resource representative, workers' compensation coordinator, employee liaison, department head/supervisor) must coordinate efforts related to the employee's injury, rehabilitation and return to work.

Typically, this will require discussions with MCIT's claim representative and the medical provider on such issues as:

- Need of a QRC
- Reviewing and developing alternatives that will allow the injured employee to return to work (e.g., a work hardening plan, identifying temporary light duty/transitional work for an employee within noted physical restrictions).

The supervisor, department head or risk manager/employee liaison is encouraged to provide the medical provider with accurate information about the employee's position or proposed modifications so the employee's return to work is successful.

## Return to Work Interview

When the injured employee is capable of returning to work, it is important to communicate to him or her the employer's job expectations. This discussion should occur in a formal setting, namely, a return to work interview.

Generally, participants in this interview include the employee, his or her department head/supervisor and the employee liaison. Other members of this team may be included depending on the circumstances and conditions of the employee's return to work.

Once the employee has returned to the workplace, it is important to continue to monitor his or her progress. If the employee encounters difficulties with the job, he or she must be encouraged to share his or her concerns with a representative of the organization.

It is incumbent upon members of the team to work with legal counsel when assigned to resolve issues related to the employee's injury, benefits and return to work.

## Employee's Workers' Compensation File

Information regarding an employee's work-related injury or illness should be maintained in a workers' compensation file *separate* from the employee's personnel file. This file should include the following:

- Employee's name, address, phone number
- His or her job title, name of his or her supervisor and department's name
- First Report of Injury (workers' compensation incident notice), accident or incident report if any
- Any inquiries regarding prior injuries
- Names of witnesses to the accident
- Information regarding the treating medical provider (name, address, telephone number)
- Medical records (including comments regarding current physical restrictions)

- Information regarding attorneys involved in the matter (name, address, telephone number)
- All legal correspondence relative to the claim
- Information regarding the QRC/DCM/job vendor
- Rehabilitation reports
- Log of conversations (participants, date of discussion, description of conversation)
- Copy of all job offers
- Return to work date and type of work (regular job, temporary, light duty, etc.)
- First day of lost time from work
- Wage information
- Reports filed with the state

## Return to Work Program Steps

1. Adopt a written policy that states the organization will endeavor to return all injured employees to work. (See Exhibit 1.)
2. Identify positions/persons who will be filling the essential roles of the return to work program.
3. Ensure that the employee provides a report of work ability (ROWA) (see Exhibit 2) to the medical provider whenever he or she seeks medical attention for an injury that occurred at work. The more complete the ROWA is, the more detailed the information will be from the medical provider.
4. Always notify the injured employee's medical provider of the organization's return to work program. If the employee cannot return to his or her regular job, ask if the employee can return to transitional duty. Standard terminology is used in describing transitional duties (see Exhibit 3). When appropriate, provide the health care provider with a job description (see Exhibit 4) outlining regular or transitional duty.
5. When the employee has been released to return to work with restrictions, the return to work coordinator should work closely with the MCIT claims staff and the employee's supervisor to determine if appropriate transitional duties are available. Send the transitional duty description to the medical provider (see Exhibit 5A or 5B).
6. When the medical provider approves the suggested transitional duties, communicate with the employee the details of returning to work. This should include:
  - Notice of transitional duties including any restrictions.
  - Where the employee will work, the responsible supervisor and a start date when he or she cannot return to his or her original position or department.
  - Certified letter or an in-person meeting to confirm acceptance of transitional work. Any offer needs to include a specific response time from the injured worker. A sample letter is included (see Exhibit 6). Contact the MCIT claim staff for guidance if a response has not been received by a specified time.
7. Communicate with MCIT claims staff the date the employee returns to work. Contact MCIT immediately if the employee does not return when scheduled.
8. Understand that it may be necessary to make adjustments to the transitional duties (e.g., physical adjustments, work hours, etc.). Changes may be needed on an ongoing basis as the employee progresses through the healing process.
9. Emphasize to the supervisor and co-workers that the medical provider's restrictions must be followed. If you are made aware that the employee is performing activities outside the restrictions away from work, consider discussing that directly with the employee and/or making the medical provider aware of those activities. Stress to the employee that restrictions apply to work and to all other activities of daily living. Many times, supervisors will be allowed only to provide the restrictions to co-workers because of data practices and HIPAA concerns, not the reasons for the restrictions. For instance, a 40 pound lift restriction can be communicated but not the reason if it is due to the back injury.
10. Follow up with the employee on a regular basis and with the medical provider (after each appointment) to determine if he or she can return to his or her pre-injury position.
11. Use the Checklist to assist with each employee's return to work progress (see Exhibit 7).



## Help for Your Return to Work Programs

An effective return to work program can reduce worker's compensation claims costs, maintain productivity and improve employee morale. Minnesota Counties Intergovernmental Trust is committed to supporting your return to work program.

MCIT has dedicated professionals who can assist you in reviewing your program. Please contact your claims representative at **1.866.547.6516** if you would like to set up a consultation.

## Exhibit 1

# Sample Return to Work Policy

- SUBJECT:** Return to work of all employees who sustain an injury/illness arising out of and in the course of employment with (Member).
- PURPOSE:** To create and manage processes that promote a safe, suitable, productive and timely return to work of employees who have sustained a work related injury or illness;
- To minimize loss of human and financial resources resulting from work related injury/illness and to promote employee recovery; and
- To facilitate compliance with applicable federal and state statutes.
- POLICY:** (MCIT's) (the Member's) goal, in compliance with applicable federal and state regulations, is to return all eligible employees who have sustained a work related injury to work. Both temporary and permanent job modifications will be considered on a case by case basis.
- PROCEDURE:** In the event that an injured employee cannot return to the job he/she was performing at the time of injury (pre-injury), a modification of job duties will be considered on a case by case basis. Appropriate consideration will be given to the injured employee's training, skills, medical restrictions, wage, employment history, interests, benefits, opportunity for future income and status of the job market. Assignment of modified job duties, whether permanent or temporary, will be made by the Return to Work Coordinator and the appropriate department managers. Risk Management and Human Resources Administration will be included in the process to successfully assign appropriate modified job duties.
- Every effort will be made to place the employee, either temporarily or permanently, in the following order of priority:
- 1) pre-injury job in the pre-injury department;
  - 2) modified job in the pre-injury department;
  - 3) non-modified job in an alternative department;
  - 4) modified job in an alternative department; or
  - 5) placement with a new employer.

## Exhibit 2

# Report of Work Ability (Please complete form fully)

Employer Name/Address  
Phone/Fax

### Employee Responsibilities:

1. Take form to Medical Provider
2. Return completed paperwork to supervisor upon completion of medical appointment
3. Pick up new form for each follow-up appointment
4. Contact your supervisor / Human Resources with any questions

### Medical Provider Responsibilities:

Please complete this form, front and back, in regard to the (Member) employee listed below.

Patient Information		
Last Name:	First Name:	Middle Initial:
Date of Injury / Illness:		
Job Title/Description:	Department:	
Supervisor Name:	Supervisor Phone:	
Work Comp Insurer:	Minnesota Counties Intergovernmental Trust 100 Empire Drive, Suite 100; St. Paul, MN 55103 Phone: (866) 547-6516 Fax: (651) 209-6493	

Medical Evaluation	
Treatment Date:	Work related injury/illness? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> To be determined
Diagnosis:	ICD-9 Code:
Treatment (please describe):	
Medication(s):	
Specialist Referral/Consult:	
Maximum Medical Improvement: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, date reached:	
Permanent Partial Disability: <input type="checkbox"/> Likely <input type="checkbox"/> Unlikely <input type="checkbox"/> Undetermined <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, _____%	
Next Appointment Date:	Time: Doctor:

Please turn form over and complete the back portion regarding return to work information

For Human Resources Use Only:
Claim Number:

It is the policy of (Employer) to assist employees, injured at work, in receiving appropriate medical care and to return back to work as soon as possible within medical restrictions. This will support the employee's sense of job security and help the employee return quickly to his/her pre-injury lifestyle. It will also help (Employer) maintain productivity and reduce workers' compensation costs.

<b>Return to Work</b>			
<input type="checkbox"/> Employee may return to work with no restrictions on ____/____/____ or <input type="checkbox"/> next available shift.			
<input type="checkbox"/> Employee is unable to work from ____/____/____ through ____/____/____			
<input type="checkbox"/> Employee may return to work on ____/____/____ through ____/____/____ with the following restrictions:			
<b>BODY PART(S) AFFECTED:</b>		<input type="checkbox"/> <b>Left</b>	<input type="checkbox"/> <b>Right</b>
		<input type="checkbox"/> <b>Both</b>	
		<input type="checkbox"/> <b>Neck</b>	<input type="checkbox"/> <b>Upper Back</b>
		<input type="checkbox"/> <b>Lower Back</b>	<input type="checkbox"/> <b>Shoulder</b>
		<input type="checkbox"/> <b>Elbow</b>	<input type="checkbox"/> <b>Wrist</b>
		<input type="checkbox"/> <b>Hand</b>	<input type="checkbox"/> <b>Other:</b>
		<input type="checkbox"/> <b>Leg</b>	<input type="checkbox"/> <b>Knee</b>
		<input type="checkbox"/> <b>Ankle</b>	<input type="checkbox"/> <b>Foot</b>
		<input type="checkbox"/> <b>Other:</b>	
<b>Please Explain Detail of Any Restrictions Checked Below: None = this activity is prohibited</b>			
<b>Lift/Carry, Push/Pull</b>	<input type="checkbox"/> None <input type="checkbox"/> Restriction _____ lbs.	<b>Reaching above shoulder height</b>	<input type="checkbox"/> None <input type="checkbox"/> Restriction _____ lbs.
<b>Lift from floor</b>	<input type="checkbox"/> None <input type="checkbox"/> Restriction _____ lbs.	<b>Reaching at shoulder height</b>	<input type="checkbox"/> None <input type="checkbox"/> Restriction _____ lbs.
<b>Patient transfers, lifts or boosts</b>	<input type="checkbox"/> None <input type="checkbox"/> Restriction _____ lbs.	<b>Reaching below shoulder height</b>	<input type="checkbox"/> None <input type="checkbox"/> Restriction _____ lbs.
<b>Bend</b>	<input type="checkbox"/> None <input type="checkbox"/> Restriction _____ hrs.	<b>Drive</b>	<input type="checkbox"/> None <input type="checkbox"/> Restriction _____ hrs.
<b>Twist/Turn</b>	<input type="checkbox"/> None <input type="checkbox"/> Restriction _____ hrs.	<b>Operate Machinery</b>	<input type="checkbox"/> None <input type="checkbox"/> Restriction _____ hrs.
<b>Kneel/Squat</b>	<input type="checkbox"/> None <input type="checkbox"/> Restriction _____ hrs.	<b>Operate Forklift</b>	<input type="checkbox"/> None <input type="checkbox"/> Restriction _____ hrs.
<b>Sit</b>	<input type="checkbox"/> None <input type="checkbox"/> Restriction _____ hrs.	<b>Keyboarding</b>	<input type="checkbox"/> None <input type="checkbox"/> Restriction _____ hrs.
<b>Stand/Walk</b>	<input type="checkbox"/> None <input type="checkbox"/> Restriction _____ hrs.	<b>Writing</b>	<input type="checkbox"/> None <input type="checkbox"/> Restriction _____ hrs.
<b>Ladder/Stair climb</b>	<input type="checkbox"/> None <input type="checkbox"/> Restriction _____ hrs.	<b>Work site stretches</b>	<input type="checkbox"/> None <input type="checkbox"/> _____ times daily
<b>Gripping/Grasping</b>	<input type="checkbox"/> None <input type="checkbox"/> Restriction _____ hrs.	<b>Exercises</b>	<input type="checkbox"/> None <input type="checkbox"/> _____ times daily
<b>Repetition wrist motion</b>	<input type="checkbox"/> None <input type="checkbox"/> Restriction _____ hrs.	<b>Other (List in Comments)</b>	<input type="checkbox"/> None <input type="checkbox"/> Restriction
<b>Change positions every</b> <input type="checkbox"/> <b>As needed</b> <input type="checkbox"/> <b>Half Hour</b> <input type="checkbox"/> <b>One Hour</b> <input type="checkbox"/> <b>Two Hours</b> <input type="checkbox"/> <b>Other:</b>			
<b>PROGNOSIS:</b> <input type="checkbox"/> On schedule, full recovery expected by _____			
<input type="checkbox"/> Delayed recovery <input type="checkbox"/> Full recovery not expected			
Comments:			

**This Treatment Plan Has Been Discussed With The Employee**     **YES**     **NO**

Health Care Provider Signature:	Date of Exam:	Health Care Provider Name & Address:
Employee Signature:		Date:

## Exhibit 3

# How to Evaluate Regular and Transitional Duties

The first step in identifying transitional duties for an injured employee is to specify the level of work for the injured workers' regular position. The level of work is described below as sedentary, light, medium, heavy or very heavy work.

Secondly, identify specific tasks within the restrictions that can be offered as transitional. These can be in the injured worker's original department or in other departments within the organization.

Below are the descriptions typically used by medical providers in evaluating tasks:

### Sedentary Work:

- Lifting/carrying 10 pounds maximum and occasionally lifting and/or carrying such articles as docket, ledgers, and small tools.
- Although a sedentary job is defined as one that involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties.
- Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.

### Light Work:

- Lifting/carrying 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds.
- Even though the weight lifted may only be a negligible amount, a job is in this category when it requires walking or standing to a significant degree or when it involves sitting most of the time with a degree of pushing and pulling of arm and/or leg controls.

### Medium Work:

- Lifting/carrying 50 pounds maximum with frequent lifting, pushing, pulling and/or carrying of objects weighing up to 25 pounds.

### Heavy Work:

- Lifting/carrying 50 to 100 pounds with frequent lifting, pushing, pulling, and/or carrying of objects weighing more than 25 pounds.
- Exerting 50 to 100 pounds of force occasionally, and/or 25 to 50 pounds of force frequently, and/or 10 to 20 pounds of force constantly to move objects.

### Very Heavy Work:

- Lifting/carrying more than 75 pounds with frequent lifting, pushing, pulling and/or carrying of objects weighing more than 35 pounds.
- Exerting over 100 pounds of force occasionally, and/or over 50 pounds of force frequently, and/or over 20 pounds of force constantly to move objects.

Below are additional definitions that may be helpful:

### Levels of Frequency: (% of Work Day)

- Never = 0
- Rarely = 1-5%
- Occasionally = 6-33%
- Frequently = 34-66%
- Continuously = > 66%

**Hand/Wrist/Forearm:**

High Repetition = task with cycle time < 30 seconds or 50% of cycle time spent performing similar functions

**Reaching:**

MAL: Midaxillary Line = line from armpit to hip (generally along side seam of shirt/blouse)

**Pinch/Grip Force:**

Light = Squeezing a paper cup

Medium = Squeezing an aluminum can

Firm = Squeezing a tin can (with top and bottom removed)

**Exhibit 4**

**Employer Job Description—Regular Duties**

Employer Name \_\_\_\_\_ Job Title \_\_\_\_\_

Employee \_\_\_\_\_ Date \_\_\_\_\_

	0-2 hrs	2-3 hrs	3-4 hrs	4-5 hrs	5-6 hrs	7-8 hrs
1. Sit	___	___	___	___	___	___
Stand	___	___	___	___	___	___
Walk	___	___	___	___	___	___
Bend/Stoop	___	___	___	___	___	___
Squat	___	___	___	___	___	___
Crawl	___	___	___	___	___	___
Push/Pull	___	___	___	___	___	___
Climb stairs/ladders	___	___	___	___	___	___
Repetitive foot motions						
Right	___	___	___	___	___	___
Left	___	___	___	___	___	___
Operating Machinery						
Automobiles	___	___	___	___	___	___
Forklifts	___	___	___	___	___	___
Vibrating Tools	___	___	___	___	___	___
2. Repetitive Hand Actions						
Right - simple grasping	___	___	___	___	___	___
Right - firm grasping	___	___	___	___	___	___
Right - fine manipulating	___	___	___	___	___	___
Right - reaching overhead	___	___	___	___	___	___
Left - simple grasping	___	___	___	___	___	___
Left - firm grasping	___	___	___	___	___	___
Left - fine manipulating	___	___	___	___	___	___
Left - reaching overhead	___	___	___	___	___	___
3. Lift/Carry						
1-15 lbs	___	___	___	___	___	___
16-30 lbs	___	___	___	___	___	___
31-45 lbs	___	___	___	___	___	___
46-60 lbs	___	___	___	___	___	___

Comments \_\_\_\_\_

Signature of Employer Representative \_\_\_\_\_

Title of Employer Representative \_\_\_\_\_

Exhibit 5A

# Transitional Duties to the Medical Provider

Intended to be printed on employer letterhead

Dear Medical Provider:

\_\_\_\_\_ (Employer) has transitional duties work available for \_\_\_\_\_ (employee). Please review the information below and indicate if you agree these duties are within his/her abilities. If there are any recommended changes, please indicate those on the form.

The transitional duty would be in the \_\_\_\_\_ (Jail Control Room)(add specific department). The work schedule would be \_\_\_\_\_ (include unique aspects of the schedule). This is similar to the scheduling at the time of the injury.

Physical requirements and duties of the position include: (i.e. retrieve and replace files, answer telephone calls, answer intercom calls from a phone, open doors using a touch screen; place small paper tags on a bulletin type board and hand keys to Correctional Officers through a food slot)(add in physical and mental requirements and duties of the job).

Specific computer duties include (i.e. running NCIC checks, Predatory Offender Registration checks and clearing wants and warrants) (add in other unique features of the position).

The person can sit or stand and change positions as needed.

Should you have any questions or concerns, feel free to contact me.

If you agree that this position is appropriate given his current abilities, please sign and date the form and fax back to my attention so we can review this offer with \_\_\_\_\_ (employee) as soon as possible.

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Exhibit 5B**

**Transitional Duties to the Medical Provider**

Intended to be printed on employer letterhead

Dear Medical Provider:

Our employee, \_\_\_\_\_ is seeking medical treatment with you today with respect to a \_\_\_\_\_ (type of injury/body part).

\_\_\_\_\_ is supportive of their recovery and encourages all employees to participate in modified work activities to assist in functional rehabilitation. You will find the opportunities/options available within SEDENTARY (lift/carry 10# maximum), LIGHT (lift/carry 20# maximum) and MEDIUM (lift/carry 50# maximum) classifications detailed in the list provided.

Please indicate (employee name)'s ability to perform the duties by placing an "X" in the appropriate box(es) and provide your signature and the date below. If possible fax back to me a position can be offered as soon as possible.

<b>X</b>	<b>Duties: Examples</b>
	Clean and/or polish furnishings, fixtures, ledges, heating and cooling devices. (L-M)
	Clean, wash, sanitize and polish bathroom fixtures. (L-M)
	Sweep, dust, damp/wet mop, strip, wax, buff and disinfect floors. (M)
	Clean hallways, stairways and elevators <ul style="list-style-type: none"><li>• Sedentary: Picking refuse from area occasionally with no lift greater than 10#</li><li>• Light: Same as sedentary with increased frequency and up to 20# lift/carry.</li><li>• Medium: Falls within regular duty performance.</li></ul>
	Discard waste and trash into proper containers and replace liners (L-M)

Comments:

Please attach a current Report of Work Ability

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Exhibit 6

# Written Transitional Duty Offer

Should be sent certified mail-return receipt requested  
Intended to be printed on employer letterhead

Date

Employee Name  
Mailing Address

RE: Offer of Transitional Duty

Dear (Employee Name)

We have carefully reviewed the medical information and work restrictions provided by (name of medical provider) and are pleased that you are released to modified work. We are offering the following transitional duties. You will only be expected to perform transitional duties your medical provider has approved (based on the medical report/ROWA dated \_\_\_\_).

Job Title (or list of tasks) \_\_\_\_\_  
Location \_\_\_\_\_

Work Hours (or schedule) \_\_\_\_\_  
Duration of transitional duty assignment \_\_\_\_\_

Description of physical requirements and duties of the position:  
\_\_\_\_\_  
\_\_\_\_\_

This job is available immediately, to begin no later than (date) as listed above. Please return your acceptance or declination of this transitional duty offer to this office no later than (day and date). If we do not hear from you concerning the acceptance of this job offer by this date, we will no longer hold this position for you. Declining this job offer may have an impact on your workers' compensation claim benefit payments. Please contact me at (phone) if you have any questions.

Sincerely,

Name, Title, Phone Number  
\_\_\_\_\_

I accept \_\_\_\_\_ I decline \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

# Exhibit 7

## MCIT Return to Work Checklist

**Supervisor Name:**

**Injured Employee Name:**

**Date of Injury:**

**Date Accident Report/FROI Completed:**

**Date Forms Provided to Return to Work Coordinator:**

<b>Task:</b>	<b>Outstanding Items - Comments:</b>	
Immediate Medical Care/First Aid Provided	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Accident Report Completed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
First Report of Injury Completed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Review Supervisor and Employee Responsibilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide Report of Work Ability (ROWA) to Employee – bring to initial medical appointment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Complete Accident Investigation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide Information to Return to Work Coordinator	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Evaluate Transitional Duty within your Department	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Set follow up with the employee after medical appointment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the employee bringing ROWA to Supervisor after each appointment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Review ROWA and determine return to work opportunities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Continue to obtain and review ROWA as they are updated	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the employee able to return to their pre-injury duties/schedule?	<input type="checkbox"/> Yes	<input type="checkbox"/> No