



Instructions

- Physician must complete this form when the injured worker is under work restrictions or is temporarily totally disabled.
You must send or fax a copy of the completed form to the managed care organization (MCO) and a copy given to the injured worker at time of exam.
You may use any other physician-generated document provided that the substitute document contains, at a minimum, the data elements on the MEDCO-14.
If injured worker is employed by a self-insuring employer complete this form and mail or fax it to the self-insuring employer.
List ICD-9 codes for the allowed conditions being treated that prevent return to work.

Fax Note:

Table with 2 columns: To, From. Rows include Toll-free phone number, Phone number, Toll-free fax number, Fax number.

Form with fields: Injured worker name, Claim number, SSN if claim number unknown, Date of injury, Injured worker occupation, Employer name.

Main body of the form containing 'WORK ACTIVITY' section with checkboxes for return to work, 'Work/Non-Work Capabilities' table with columns for None at all, Occasional, Frequent, Continuous, and 'Hand restrictions' section.

MMI section: Has the work-related injury(s) or occupational disease reached a treatment plateau at which no fundamental functional or physiological change can be expected despite continuing medical or rehabilitative intervention (maximum medical improvement): Yes/No. Note: Periodic medical treatment may still be requested and provided.

REHAB section: Check if vocational rehabilitation return to work services are indicated. Physician name and address (please print, type or stamp).

Form with fields: Date of this exam, Follow-up appointment Date, Time.

Physician signature (mandatory) and Date fields.

Completing the MEDCO-14 Physician's Report of Work Ability

Instructions

The MEDCO-14 is a physician's report of work ability. This form provides the injured worker and employer with important physician information regarding the injured workers' ability to work and specific instructions to aid in recovery.

1. The physician of record or treating physician must complete this form every time the injured worker is seen and is under any work restrictions, off work, or working with accommodations.
 - This form is not required if the injured worker is permanently and totally disabled or is not under any work restrictions.
2. This is a two-part form.
 - Give one copy to the injured worker at the time of the office visit.
 - Fax a copy to the appropriate managed care organization (MCO).
 - If requested, you may send a copy directly to the employer.
Note: If the injured worker is employed by a self-insuring employer, complete this form and fax or mail directly to the self-insured employer.
3. *The Request for Temporary Total Compensation (C-84)* is most often used to report an injured worker is temporarily totally disabled from work due to the injury and is requesting compensation benefits. However, you may use the *Physician's Report of Work Ability (MEDCO-14)* to report disability status. The injured worker must still complete and sign the front section of the C84 Form to extend compensation.
4. You may use any other physician generated document, provided that the substitute document contains, at a minimum, the data elements that are on the MEDCO-14.

Benefits of successful early return to work

- Early and successful return to work (RTW) benefits everyone. The costs of any disability go far beyond the measurable costs for medical care and compensation payments. Early return to work initiatives are dependent on communication and cooperation by physicians, employees, employers, MCOs, rehabilitation specialists and BWC.
- Many employers have early RTW programs and are willing to accommodate physicians' restrictions for their employees. A successful RTW program asks the injured worker pace himself/herself and not work beyond his/her limits. BWC encourages physicians to consider releasing the injured worker to full or restricted duty as soon as the injured worker is able, including midweek. Returning the injured worker midweek or as soon as medically able helps the injured worker both physically and psychologically.
- Most injured workers return to work right away with minimal assistance. But, some injured workers require more medical care resulting in longer recovery and time away from work. Some injured workers may even require vocational services to return to productive employment. Together, the injured worker, physician, MCO, employer, and BWC will create a RTW program that is personally tailored for the injured worker's job as well as the injury.
- There are several options available if the employer cannot make accommodations for the injured worker's restrictions. The injured worker may continue to receive temporary total compensation or be eligible for other types of compensation. The physician should communicate with the MCO to determine if the employer can accommodate other types of return-to-work options including:
 - **Transitional work** - Work that uses real job duties for a specified period of time (generally not exceeding two or three months) to help injured workers progress to their original job;
 - **Modified work** - Work in which physical barriers that may keep the injured worker from performing essential job functions are adapted, altered or removed;
 - **Light duty** - Work in which the job requirements are performed at reduced physical capabilities. Job tasks may be temporary or permanent;
 - **Alternative work** - Work for injured workers who are permanently restricted from their original jobs, but have other abilities and can be employed.
- Talk to the MCO if you feel the injured worker would benefit from vocational rehabilitation services.

The American Academy of Orthopedic Surgeons and the American Association of Orthopedic Surgeons believe that safe early return-to-work programs are in the best interest of patients. Studies have demonstrated that prolonged time away from work makes recovery and return to work progressively less likely. Return to work in light duty, part-time or modified duty programs is important in preventing the deconditioning and psychological behavior patterns that inhibit successful return to work and in improving quality of life for the injured worker.